

EYES - LENS IMPLANT STATUS SUMMARY

(Updated 08/27/2025)

Surgery which replaced the natural crystalline lens of the eye. May be called Lens Implantation; Lens Replacement; Intraocular Lens (IOL); or Cataract surgery with Lens Implant

Name _____

Birthdate _____

Applicant ID# _____

PI# _____

If this individual has an AASI/SI/SC for any other EYE condition, conductive keratoplasty (CK), INTACS, clear lens extraction, ICL or Phakic lenses, visual field loss or this is a non-FDA approved procedure: **STOP**. Do not use this summary, submit all clinical progress notes, or see the corresponding AME Guide page.

Please have your **ophthalmologist or optometrist** complete, sign, and date this sheet or submit a [current, detailed Clinical Progress Note](#) that addresses ALL items below.

Right Eye (OD)

Left Eye (OS)

DATE OF SURGERY ____/____/____

1. Has the **MINIMUM RECOVERY PERIOD** been met? (Circle type of lens)

☐ **Two (2) weeks**

- MONOfocal lens (standard implant)
- Toric or astigmatism correcting lens

- ☐ If Light Adjustable Lens (LAL) - **Six (6) weeks total** to include two (2) weeks after the final adjustment/lens lockdown and taken off UV avoidance.

☐ **Twelve (12) weeks**

- Presbyopia correcting lenses
- MULTIfocal or Extended Depth of Focus (EDOF) lens

2. Absent from surgical or post-operative complications (e.g., macular edema, elevated pressure, corneal edema, delayed healing), released from postoperative care, and NO clinical concerns*.

3. Off all prescription eye medication or on surgeon's usual medication taper.

4. Without adverse visual symptoms which interfere with visual functioning: glare, halo, photophobia, multiple images, blurred vision, decreased quality of vision in low light conditions (dusk, dawn, night), no difficulty with nighttime driving.

5. Visual result has stabilized, received lens correction (if needed) and best corrected vision meets standards. Annotate VA below.

YES	NO*

Visual Acuity [Medical Standards]	Right (OD)	Left (OS)	Correction used (yes or no)
Distant (1 st and 2 nd class 20/20 or better; 3 rd class 20/40 or better)	20/	20/	
Near (16") (All classes 20/40 or better)	20/	20/	
Intermediate (32") : Age 50 and over, 1 st or 2 nd class (20/40 or better); 3 rd class not required	20/	20/	

*If any concerns, please describe below or attach a Clinical Progress Note.

Ophthalmologist or Optometrist signature _____ Date _____

Printed name or office name _____ Office phone number _____

- Pilots: Submit either this summary or all supporting documentation addressing each item to your AME for electronic upload to the FAA.
- ATCS: Submit the information to your Regional Flight Surgeon's Office.

AME: If **ALL** items fall into the clear "YES" column and the individual meets vision requirements for class, the AME may issue.

If **Any Single** Item falls into the shaded "NO" column, the **AME MUST DEFER**. The AME should note what aspect caused the deferral and explain any "NO" answers. Attach the most recent detailed Clinical Progress Note(s) which addresses these items.

NOTE: This Status Summary is NOT required (clinical records may be submitted); however, it will help to streamline and significantly DECREASE FAA review time.