

EYES – REFRACTIVE SURGERY STATUS SUMMARY

(Updated 08/27/2025)

Use for **elective corneal refractive surgery** such as LASIK, SMILE, PRK

Name _____

Birthdate _____

Applicant ID# _____

PI# _____

If the pilot or ATCS has an AASI/SI/SC for any other EYE condition, KERATOCONUS, conductive keratoplasty (CK), clear lens extraction, visual field loss or this is a non-FDA approved procedure: **STOP**. Do not use this summary, submit all clinical progress notes, or see 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 procedure)
 - a. **Two (2) weeks:** LASIK (Laser-assisted in situ keratomileusis)
SMILE (Small Incisional Lenticular Extraction)
 - b. **Twelve (12) weeks:** PRK (photorefractive keratectomy)
2. Absent from surgical or post-operative complications (e.g., elevated pressure, 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. CAUTION: these procedures may interfere with nighttime vision – please ask specifically about quality of night vision.
5. Visual results have stabilized, lens correction received (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.