REFRACTIVE SURGERY
Laser Eye Surgery Guidelines

✓ Active Duty or AGR only
✓ Mobilized Soldiers: only if they have 18 months remaining on Title 10 orders (active service) after scheduled date surgery
✓ ETS: 18 months or greater (after scheduled date of surgery)
✓ PCS: Not within 6 months (after scheduled date of surgery)
✓ Must be physically stationed within 50 miles of GLWACH
✓ Females: no pregnancies, miscarriages, or nursing 6 months before initial screening or surgery date
✓ No adverse actions or pending a medical board
✓ Must be able to schedule surgery within 60 days of initial screening
✓ Participants are not deployable:
  ▪ 30 Days after LASIK
  ▪ 90 Days after PRK

✓ Must have contact lenses out, and wearing current prescription glasses, for 14 consecutive days prior to initial screening date
(Note: 30 days for Rigid Gas Permeable Lenses)
✓ Must have proof of annual eye exams with an optometrist within the last two years
✓ Must be able to make all follow-up appointments:

<table>
<thead>
<tr>
<th>LASIK</th>
<th>PRK</th>
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<tbody>
<tr>
<td>1 day</td>
<td>5-7 day</td>
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<td>5-7 day</td>
<td>4-6 week</td>
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<td>4-6 week</td>
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<td>6 month</td>
<td>1 year</td>
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<td>1 year</td>
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MEMORANDUM FOR COMMANDERS, MEDCOM REGIONAL HEALTH COMMANDS

SUBJECT: Warfighter Refractive Eye Surgery Program (WRESP)

1. References:
   f. DOD Instruction 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Services, 18 January 2005.
   g. AR 40-501, Standards of Medical Fitness, 14 June 2017.
   h. AR 40-63, Ophthalmic Services, 14 April 2015.

2. Purpose: To update procedural guidance for the WRESP.

3. Proponent: The proponent for this policy is the Optometry Division, Health Care Delivery, MEDCOM G-3/5/7.
MCZX
SUBJECT: Warfighter Refractive Eye Surgery Program (WRESP)

4. Responsibilities:

   a. This policy applies to all Army components (AC, ARNG, and USAR) as it relates to the WRESP. This policy does not apply to other military branches of Service; however, other Service Members may utilize traditionally Army WRESP centers. Those Service Members must adhere to their Service specific requirements.

   b. The Surgeon General (TSG), Regional Health Command (RHC) Commanders, and Medical Treatment Facility Commanders are responsible for ensuring this policy is implemented and for regular monitoring and evaluation of compliance and effectiveness.

5. Policy:

   a. The WRESP was implemented in 2001 as a limited medical resource available to commanders for enhancement of Soldier readiness. Refractive eye surgery has been a proven benefit for Service Members whose uncorrected visual acuity is a significant factor in their confidence and effectiveness.

   b. Experience to date indicates that prioritizing Soldiers according to defined operational readiness criteria effectively balances the demand for the procedure with capacity for this limited refractive surgery resource.

   c. Criteria for selecting Soldiers for refractive eye surgery under the WRESP are:

      (1) At least 6 months remaining on active duty at the time of surgery, or in conjunction with a reenlistment action which is executed.

      (2) Assigned to an operations unit. Special operations and combat arms units should be given first priority.

      (3) Force Sustainment, Health Services, and Operations Support personnel in operational assignments should be the second priority.

      (4) Other Active Duty Service Members as space is available.

      (5) Only personnel on Active Duty orders are authorized treatment under this program to include Compo 2 and 3 Soldiers.

      (6) Personnel selected should have at least 6 months remaining in the same or similar unit and should have no adverse personnel actions pending.

      (7) Individuals selected will be removed from the waiting list should their circumstances change such that they would be in contravention of the above guidelines. Unit commanders are responsible to monitor their selected Soldiers.
MCZX
SUBJECT: Warfighter Refractive Eye Surgery Program (WRESP)

(8) Treated individuals must return for follow-up visits as specified postoperatively in the applicable protocol as a condition of treatment.

d. Medical waivers for individuals with a history of refractive eye surgery.

(1) This waiver guidance does not supersede current accession medical standards contained in Department of Defense Instruction 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Services or Army Regulation (AR) 40-501, Standards of Medical Fitness. Each waiver request is considered on an individual basis and granted only on approval of the appropriate waiver authority.

(2) This policy applies to medical waivers for individuals otherwise disqualified under DODI 6130.03 medical standards (e.g., for accession waivers) or AR 40-501 medical standards because of a history of refractive eye surgery (e.g., Chapter 2 for accession waivers. Chapter 5 for special program waivers, Chapter 6 for aeromedical waivers). The enclosed guidance should be ready carefully to determine which individuals are eligible for waivers depending on the waiver criteria and applicant’s specific program.

(3) Waivers for a history of radial keratotomy (RK) and astigmatic keratotomy (AK), are not acceptable in most cases. Rare exceptions may be made for critical needs of the service or special circumstances providing the applicant meet the medical retention standards of Chapter 3, AR 40-501. For instance, a physician applying for a Medical Corps appointment who underwent RK over one year ago and has no current visual problems may be a viable waiver candidate.

(4) Individuals submitted for a Refractive Eye Surgery medical waiver shall be uniformly evaluated using the following criteria (Refractive Eye Surgery Waiver Request, enclosure 1):

(a) Documentation of the pre-and post-operative refractive error.

(b) Documentation of the best corrected visual acuity.

(c) Post-operative ocular health assessment.

(5) Waiver authorities should determine if the pre-surgical refractive error and the current visual acuity meet AR 40-501 standards for the specific purpose or program being considered for a waiver (e.g., Chapter 2 for accession waivers, Chapter 5 for special program waivers, Chapter 6 for aeromedical waivers).

(a) Documentation that at least 3 months have elapsed since the date of the last laser surgery or enhancement procedure.
(b) Documentation that there has been no significant visual side effects secondary to the surgery affecting daily activities.

(6) Examination. Applicants must have a current comprehensive eye examination, to include a dilated fundus examination, performed by an Ophthalmologist or Optometrist. Refractive Eye Surgery Waiver Request form will be completed for all individuals seeking a waiver.

(7) Medical History: Applicants must provide copies of all eye related medical records including the pre-operative eye examination (noting refractive error and keratometry readings); all operative reports or procedure notes; and all follow-up notes.

(8) Aeromedical Waivers. Aeromedical waivers (Chapter 6, AR 40-501) must meet the criteria describe above as well as the specific requirements set forth in the Aeromedical Policy Letter (APL) on Refractive Surgery and Corneal Refractive Surveillance Program (CRSSP). This additional guidance can be accessed on the aeromedical web site <https://www.aviationmedicine.com/information-resources/aeromedical-references/aeromedical-standards-and-regulations/>. As a result of the extensive review, it has been determined that Photorefractive Keratectomy (PRK) and Laser In-Situ Keratomileusis (LASIK) are safe and effective forms of refractive surgery for use in all Army operational environments to include aviation and Special Operations. All Aeromedical waivers are processed through the U.S. Army Aeromedical Center. Data on Aeromedical waivers will be maintained by the U.S. Army Aeromedical Activity:

(a) Active Duty: Aviators considering undergoing the procedure coordinate their treatment through their unit flight surgeon and local eye care provider as part of the Warfighter Refractive Eye Surgery Program at an Army Warfighter Refractive Eye Surgery Program Center designated by TSG Ophthalmology Consultant to ensure they receive appropriate surgery.

(b) Reserve Component: Aviators who are on Active Duty orders are authorized treatment under this program provided they have at least 6 months remaining on Active Duty at the time of surgery. They must coordinate application for waiver through their unit flight surgeon. All criteria outlined in the guidance provided by the Refractive Surgery APL and in the CRSSP apply.

(9) LASIK and PRK are deemed safe for Airborne, Air Assault and Ranger and Special Operations Schools and applicants may receive a waiver from the appropriate waiver authority so long as the other visual standards required for enlistment in the Army are met. For Ranger School, individuals should access the Ranger Training Brigade Web Site at http://www.benning.army.mil/infantry/ARTB/StudentInformation/Medical.html.
MCZX
SUBJECT: Warfighter Refractive Eye Surgery Program (WRESP)

(10) Special Operations. Individuals who wish to accomplish additional training in the Special Operations field combat diver qualification course; military free fall; and/or Special Forces Qualification Course after Refractive Eye Surgery should contact the US Army Special Operations Command, Special Warfare Center and School, Surgeon’s Office at Ft Bragg (910-432-2641 or 910-396-9698) to determine if they are a candidate for a waiver.

(11) Those applying for waivers for any other programs under Chapter 5, AR 40-501, should contact those program waiver authorities for specific guidance or eligibility for refractive eye surgery.

e. Deployment following refractive eye surgery.

(1) A Soldier who undergoes refractive eye surgery must have a satisfactory period for post-surgical recovery before deployment. An Ophthalmologist or Optometrist provides continued post-surgical care and determines when each Soldier’s recovery is complete and a Soldier meets vision readiness standards for deployment. As with any surgery, there is a large degree of patient variability which prevents establishing a set time frame for full recovery. Post-surgical time estimates are provided in the following paragraphs.

(2) PRK: PRK is the most common refractive surgery performed in the Army. This procedure abrades the surface of the eye prior to applying laser energy and does not involve creating a flap of tissue. Typically, a Soldier is non-deployable for three months following uncomplicated PRK. The managing eye care provider may clear patients earlier or later than this time frame, depending on the course of the post-surgical recovery. Related “surface ablation” procedures that should be considered equivalent to PRK include Laser Epithelial Keratomileusis and Epithelial Laser assisted in situ Keratomileusis (LASEK or Epi-LASEK).

(3) LASIK. The LASIK procedure creates a flap of ocular surface tissue prior to applying laser energy. Uncomplicated LASIK patients are typically non-deployable for at least 1 month following surgery. This time frame is also an estimate, and the managing eye care provider may clear a Soldier earlier or later depending on the outcome. Small Incision Lenticule Extraction is a related procedure which removes a small lenticule of the cornea by applying laser energy and should be considered equivalent to LASIK.

(4) Implantable Collamer Lens (ICL). An ICL is an intraocular surgical option whereby a lens is placed in the eye to correct the refractive error. It is intended for some personnel who are not medically qualified for PRK or LASIK, and is not considered a “first line” procedure for Army personnel. Documentation must be provided in the pre-operative note to justify the decision to proceed with an ICL over LASIK or PRK (e.g., abnormal corneal topography, thin pachymetry, residuals Ks too flat, high myopia, and etc.). All outcomes for ICLs should be tracked with WRESP.
outcome data and must be submitted to the Army Refractive Program Manager biannually. Uncomplicated ICL patients are typically non-deployable for at least 1 month following surgery. This time frame is also an estimate, and the managing eye care provider may clear a Soldier earlier or later depending on the outcome.

(5) This policy must be followed to best ensure the post-surgical recovery of the Soldier, ensure his/her best visual outcome following surgery, and protect a Soldier from visual complications while deployed that would negatively affect the unit's mission.

f. Responsibilities:

(1) RHC Commanders are responsible for:

(a) Providing guidance to subordinate units regarding this policy.

(b) Providing adequate resources to implement this policy.

(2) Medical Treatment Facility, Commanders will enforce this policy.

FOR THE COMMANDER:

[Signature]

MARK S. DAVIS
Chief of Staff
CENTRAL REGIONAL MEDICAL COMMAND
Warfighter Refractive Eye Surgery Program
LOCAL APPLICATION PACKET

Instructions for Completing the Enclosed Forms
(You must be 21 years old and meet the eligibility requirements to be considered for refractive surgery)

Please complete all the information in the forms and ensure that it is LEGIBLE, so please print.

If at any time you change your contact information, please be sure to let us know the new information: 596-0048.

YOU MUST BE OUT OF CONTACT LENSES FOR AT LEAST 30 DAYS PRIOR TO ANY EVALUATIONS AND CONTINUE TO STAY OUT OF THEM FOR SURGERY.

ELIGIBILITY
If you do not require glasses or contact lenses to drive a car, you will not be eligible for refractive surgery.

Soldiers Rank 0-4 and above: Approved by Commanding Officer in the rank of 0-5 or above

At least 6 months remaining on active duty at the time of surgery or in conjunction with an executed reenlistment action

No adverse personnel actions pending.

Personnel selected should have at least 6 months remaining in the same or similar unit.

Ability to meet all pre-operative and post-operative appointments

Soldiers Rank 0-3 and below: Approval by Company Commander

At least 6 months remaining on active duty at the time of surgery or in conjunction with an executed reenlistment action

No adverse personnel actions pending.

Personnel selected should have at least 6 months remaining in the same or similar unit.

Ability to meet all pre-operative and post-operative appointments

PRIORITIES

Category 1: Any soldier who is combat arms, and Soldiers of any specialty who are deploying no less than 60 days from surgery.

Category 2: Non-combat arms Soldiers who are not deploying. (These soldiers are treated on a space-available basis.

Historically, our clinic has been able to treat all Category 1 applicants who apply early enough before deployment (if applicable), and most Category 2 applicants. For this reason, Category 2 Soldiers are not discouraged from enrolling in the program.
HOW TO ENROLL FOR SURGERY

Complete the Commander's Authorization and Patient History Questionnaire Forms

Have the Commander complete and sign the letter

Hand-carry the completed packet to the EENT clinic located on the main/1st floor of General Leonard Wood Army Community Hospital. After you have been approved, EENT staff will notify you of your surgical appointment date and time.

BACKGROUND

Military personnel perform their duties in a variety of operational environments that are poorly suited to wearing standard spectacle glasses or contact lens. These include operating complicated sighting systems, wearing protective masks or night goggles, working in rain, mud, and sand, among other challenges.

Under this program, eligible active duty service members receive laser refractive eye surgery. The goal is to minimize or eliminate the need to wear corrective eyewear. Surveys from returning soldiers who had undergone refractive surgery before deployment credit the surgery with increasing their combat effectiveness and overall confidence to perform the mission.

All surgical procedures involve risks, and it should therefore be understood that this program is completely voluntary. No one may be coerced into having surgery due to the "need of the service" or to fill a quota.

A COMPLETE LOCAL PACKET INCLUDES THE FOLLOWING:

1. Signed and dated Commander's Authorization Letter
2. Completed, dated, and signed Patient History Questionnaire Form
3. PRK / Lasik Application Form: be completely filled out and signed by you.
4. Eye prescription OLDER than one year

IMPORTANT:

- NO WHITE OUT OR CROSS OUT
- USE ERB FOR ETS DATE (mm/dd/yy)

GLWACH Ft. Leonard Wood, Missouri
Optometry
573-596-0048
**Patient History Questionnaire**

**Report Title:**
- Name (Last, First, MI)
- Rank/Grade
- MOS
- Occupation/Duty Title
- SSN
- Date of Birth
- Age
- Home Phone
- Work Phone
- Address
- Relationship
- Your Primary E-mail

**Emergency Contact:** (not the person you live with)
- Phone

**List some of your hobbies or activities that require visual needs:**
- (example: biking, crafts, computers, sports, etc.)
- 1.
- 2.
- 3.
- 4.

**Refractive History**
- How many years have you worn glasses? □ Yes □ No
- Ever worn bifocals? □ Yes □ No
- How old is your current glasses prescription?
- How long have you worn contact lenses? Last worn? (Do not worry)
- Contact lens type: □ Soft □ Rigid
- Brand worn:
- Have you ever had difficulty with glasses or contact lens wear? (If YES, please explain further)

**Ocular History**
- Do you or have you ever had the following eye problems?
  - Amblyopia / lazy eye □ Yes □ No
  - Cataract □ Yes □ No
  - Conjunctivitis, recurrent □ Yes □ No
  - Cornet ulcer □ Yes □ No
  - Dry eye □ Yes □ No
  - Glaucoma □ Yes □ No
  - High eye pressure □ Yes □ No
  - Herpes simplex / Zoster □ Yes □ No
  - Keratoconus □ Yes □ No
  - Retinal problems □ Yes □ No
  - Trauma □ Yes □ No

**Allergies**
- Do you have any allergies to medications? □ Yes □ No
- (Please list medication and reaction)

**Medications**
- Are you taking or have you taken any of the following?
  - Date last taken:
  - Acetaminophen (acetaminophen) □ Yes □ No
  - Birth control pill □ Yes □ No
  - Cordarone (amiodarone) □ Yes □ No
  - Immunosuppressants □ Yes □ No
  - Imidex (sumatriptan) □ Yes □ No
  - Steroid medication □ Yes □ No

**List other medications that you are currently taking: (or say "none")**

**Additional Comments:**

**Patient Signature:**

**To Be Completed by the Warfighter Laser Center Staff:**

**Surgery Technician Comments**

**Surgery Physician Comments**

**Prepared By:** (Signature & Title)

**Department/Service/Clinic**

**Date (YYYY/MM/DD)**

**Patient's Identification:** (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)
- □ History/Physical
- □ Other Examination or Evaluation
- □ Diagnostic Studies
- □ Treatment
- □ Flow Chart
- □ Other (Specify)

**DA Form 4700, Feb 2003**

**Edition of May 78 is Obsolete.**
GUIDANCE TO UNIT COMMANDERS
FOR PROCESSING REQUESTS
FOR CORNEAL REFRACTIVE SURGERY

Corneal refractive surgical procedures (PRK - LASIK - ICL) are elective ocular surgeries to reduce or eliminate the need for distance vision correction and enhance the readiness of members who are medically and administratively qualified.

ACTIVE DUTY ONLY PROGRAM

<table>
<thead>
<tr>
<th>COMMANDER'S GUIDANCE</th>
<th>Treatment Priority ARMY/NAVY/ USMC/ USCG</th>
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<tbody>
<tr>
<td>By signing the refractive surgery consult form,</td>
<td>PRIORITY 1 (Highest priority):</td>
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<tr>
<td>I give my permission and verify:</td>
<td>Member whose military job requires</td>
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<tr>
<td>1. The active duty member can be considered for enrollment in the Warfighter</td>
<td>them to frequently and regularly work</td>
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<td>Refractive Eye Surgery Program (WRESP), and for treatment, if eligible.</td>
<td>in an extreme physical environment that</td>
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<td>precludes the safe use of spectacles or</td>
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<td>contact lenses.</td>
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<td>Member has an unusually physically</td>
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<td>demanding and dangerous job.</td>
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<td>Probability of survival would clearly</td>
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<td>be enhanced with this procedure.</td>
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<td>(Examples: Aviators/ EOD/ Special</td>
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<td>Forces, Combat Arms Deploying within</td>
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<td>12 months)</td>
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<td>2. The member has no adverse personnel action and no pending medical evaluation</td>
<td>PRIORITY 2:</td>
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<td>boards</td>
<td>Member whose military job requires</td>
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<td>them to frequently and regularly work</td>
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<td>in a physical environment where</td>
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<td>spectacle or contact lens use is</td>
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<td>possible and would not compromise</td>
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<td>personal safety or jeopardize</td>
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<td>completion of the mission, but where</td>
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<td>their use is physically more difficult</td>
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<td>or challenging</td>
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<td>NOT a safety or survivability issue:</td>
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<td>Procedure is likely to enhance job</td>
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<td>performance. High priority, but not</td>
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<td>absolutely imperative.</td>
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<td>(Example: Security Forces, Military</td>
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<td>duties include use of NVG,</td>
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<td>or respiratory masks or Marines not in</td>
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<td>category!</td>
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<td>3. Member will remain CONUS and is NON-Deployable for up to 90 days post surgery</td>
<td>PRIORITY 3:</td>
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<td>Member not typically exposed to</td>
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<td>environmental extremes or physical</td>
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<td>activity or use of equipment precluding</td>
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<td>use of spectacles or contact lenses,</td>
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<td>but may on occasion, qualify for</td>
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<td>Category II.</td>
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<td>4. After corneal refractive surgery the military member will be on CONVALESCENT</td>
<td>PRIORITY 4:</td>
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<td>LEAVE up to 7 days and will have a PHYSICAL PROFILE for a minimum of 30 DAYS, but</td>
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<td>can be longer in &lt; 1% of patients.</td>
<td>Member whose job rarely or ever expose</td>
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<td>them to extreme conditions, physical</td>
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<td>activity, or use of special equipment</td>
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<td>where performance would be diminished</td>
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<td>by use of glasses or contact lenses.</td>
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<td>Examples: Administrative, clerical, or</td>
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<td>office work in an indoor,</td>
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<td>non-extreme environment</td>
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Commander's Authorization
Warfighter Refractive Eye Surgery Program (WRESP)

1. I hereby give my endorsement/permission for the following Soldier to be evaluated and considered for enrollment in the WRESP and for their PRK/LASIK eye surgery if eligible.

Name: ___________________________ Rank: ___________________________

SSN: ___________________________ Date of Separation: ___________ MOS/IOC: ___________ Duty Title: ___________________________

Assigned Unit: ___________________________

Contact Address: ___________________________

Contact Phone: (day) ___________________________ (evening) ___________________________

E-mail address: ___________________________

Likely to do travel for the following reasons in the next 4 months? (please circle) ___________

PCS TDY Deploy School

Projected date (if known): ___________________________

2. I certify that the following are true and will inform local MTF eye clinic if Soldiers circumstances change:
   a. Soldier has 6 months remaining on Active Duty
   b. Soldier has no adverse personnel actions pending
   c. Soldier will remain CONUS for at least 60-90 days

3. I realize that after surgery, the Soldier will have at least 4 days up to 7 days of convalescent leave. In addition, I understand that the SM will have the following profile for a minimum of 30 days:
   a. No field duty or driving military vehicles
   b. No organized PT – may do modified individual PT
   c. No swimming, protective mask use, or use of camouflage face paint
   d. Needs to wear sunglasses at all times
   e. Non-deployable

4. I further realize that participation in this program requires a considerable investment of time resulting in absences from duty and will ensure that the Soldier will keep all appointments. Minimum requirements are as follows:
   a. Initial evaluation (local medical treatment facility (MTF)) – up to half a day
   b. Surgery – one week off work, up to two weeks, especially if Soldier has to travel for surgery
   c. Postoperative evaluations (local MTF) – normally scheduled at a minimum of 1, 5, 30, and 90 days after surgery.

Appointments can follow until 1 year post op.

5. Please circle one of the following according to which category applies to this individual:
   a. Priority 1 – Deploying/ Combat Arms MOS
   b. Priority 2 – Attached to Combat Arms unit
   c. Priority 3 – Space Available

6. I understand that if Soldier needs to travel to another facility to receive refractive surgery, all TDY costs will be incurred by the Unit or the Soldier receiving the elective refractive eye surgery.

7. This authorization is good for 90 days from the date it is signed by the Battalion Commander. If surgery is scheduled more than 90 days from the date it is signed, re-authorization will need to be accomplished.

Company Commanders Signature ___________________________ Battalion Commanders Signature ___________________________

Company Commanders Name and Rank ___________________________ Battalion Commanders Name and Rank ___________________________

Date ___________________________ Phone ___________________________ Date ___________________________ Phone ___________________________

Company Commanders Email Address ___________________________ Battalion Commanders Email Address ___________________________