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FM COMDT COGARD WASHINGTON DC//CG-112//
TO AIG 4905
BT
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SUBJ: WAIVER CRITERIA FOR ASTIGMATISM
A. Medical Standards for Appointment, Enlistment, or Induction in the
Military Services, DoDI 6130.03 Change 1
B. Coast Guard Medical Manual, COMDTINST M6000.1 (series)
1. This message revises the Coast Guard waiver criteria for
astigmatism.
2. Astigmatism results from a cylindrical refractive error causing
blurry vision due to the inability of the eye optics to focus a point
object into a sharp focused image on the retina. Astigmatism with a
high cylindrical refractive error is a risk factor for keratoconus.
3. Potential military accessions with astigmatism exceeding 3.00
diopters do not meet medical standards for accession into any
military branch per Ref A. However, the Department of Defense (DoD)
considers waivers on a case by case basis for astigmatism between
3.00 and 3.25 diopters with normal corneal topography and keratometry
studies.
4. To align with DoD, the Coast Guard will implement the astigmatism
standard in Ref A. The Coast Guard Recruiting Command (CGRC) should
consider a waiver for potential accessions with astigmatism between
3.00 and 3.25 diopters if the following conditions are met:
   a. The potential accession has had a corneal examination performed
by an ophthalmologist or optometrist within twelve months prior to
the waiver request,
   b. There is normal corneal topography and keratometry with no
evidence of ocular pathology, and
   c. There is no history of prior ocular pathology, keratoplasty or
crosslinking.
5. This waiver consideration should also apply to potential
accessions who otherwise meet accession post corneal refractive
surgery criteria as outlined in chapter 3-D.8.c of Ref B.
6. This change will be incorporated into the next update of Ref B.
7. For questions regarding this message, contact CDR Gerald N.
Taylor, Operational Medicine Chief, at Gerald.N.Taylor(AT)uscg.mil or
(202) 475-5211.
8. CAPT Erica G. Schwartz, Chief, Office of Health Services, sends.
9. Internet release authorized.
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