

No.	MEDICAL CONDITION	RECOMMENDED EVALUATION DATA
EYES, GENERAL		
11	Monocular vision	See Enclosure (4). Uncompensated monocular vision is generally not waiverable. Contact NMC for guidance. <u>Note:</u> Applicant should be at best corrected visual acuity before evaluation.
12	Ophthalmic pathology reflecting a serious systemic disease (e.g., diabetic and hypertensive retinopathy)	Ophthalmology consultation, to include dilated fundus examination, legible drawings of bilateral optic discs noting mathematical estimates of the cup-to-disc ratio, and optic disc, report of slit lamp examination, visual field test battery, confirmation of the exclusion of underlying systemic pathology, confirmation that visual acuity meets standards, presence of color vision abnormalities, and gonioscopy.
13	Any other acute or chronic pathological condition of either eye or adnexa that interferes with the proper function of an eye	Ophthalmology consultation, to include dilated fundus examination, legible drawings of bilateral optic discs noting mathematical estimates of the cup-to-disc ratio, and optic disc, report of slit lamp examination, visual field test battery, confirmation of the exclusion of underlying systemic pathology, confirmation that visual acuity meets standards, presence of color vision abnormalities, and gonioscopy.
14	Diplopia	Ophthalmology consultation, to include dilated fundus examination, legible drawings of bilateral optic discs noting mathematical estimates of the cup-to-disc ratio, and optic disc, report of slit lamp examination, visual field test battery, confirmation of the exclusion of underlying systemic pathology, confirmation that visual acuity meets standards, presence of color vision abnormalities, and gonioscopy.
15	Pterygium occluding 50% of the cornea and affecting central vision	If less than 50% of the cornea and not affecting central vision; if more than 50% requires ophthalmology consultation, to include refraction measurement and visual acuity, visual field test battery, corneal topography, slit lamp examination.
16	Refractive Surgery within past 6 months	Ophthalmology consultation, to include refraction measurement and visual acuity, corneal topography, slit lamp examination looking at the quantity, quality, and extent of incisions, contrast sensitivity testing. Provide completed, type and date of procedure, statement as to any adverse effects or complications (halo, glare, haze, rings, etc.). <u>Note:</u> Waiver package should be submitted at least, i.e. not sooner than, 4 weeks after the surgery, with a minimum of two stable visual acuities measured, at least two weeks apart.
17	Chorioretinitis; Coloboma	Ophthalmology consultation, to include dilated fundus examination, legible drawings of bilateral optic discs noting mathematical estimates of the cup-to-disc ratio, and optic disc, report of slit lamp examination, visual field test battery, confirmation of the exclusion of underlying systemic pathology, confirmation that visual acuity meets standards, presence of color vision abnormalities, and gonioscopy.
18	Corneal Ulcer or Dystrophy	Ophthalmology consultation, to include dilated fundus examination, legible drawings of bilateral optic discs noting mathematical estimates of the cup-to-disc ratio, and optic disc, report of slit lamp examination, visual field test battery, confirmation of the exclusion of underlying systemic pathology, confirmation that visual acuity meets standards, presence of colorvision abnormalities, and gonioscopy.
19	Optic Atrophy or Neuritis	Ophthalmology consultation, to include dilated fundus examination,

		legible drawings of bilateral optic discs noting mathematical estimates of the cup-to-disc ratio, and optic disc, report of slit lamp examination, visual field test battery, confirmation of the exclusion of underlying systemic pathology to include neurology consultation to rule out multiple sclerosis, confirmation that visual acuity meets standards, presence of color vision abnormalities, and gonioscopy.
20	Retinal Degeneration or Detachment	Ophthalmology consultation, to include dilated fundus examination, legible drawings of bilateral optic discs noting mathematical estimates of the cup-to-disc ratio, and optic disc, report of slit lamp examination, visual field test battery, confirmation of the exclusion of underlying systemic pathology, confirmation that visual acuity meets standards, presence of color vision abnormalities, and gonioscopy.
21	Retinitis Pigmentosa	Ophthalmology consultation, to include dilated fundus examination, legible drawings of bilateral optic discs noting mathematical estimates of the cup-to-disc ratio, and optic disc, report of slit lamp examination, visual field test battery, confirmation of the exclusion of underlying systemic pathology, confirmation that visual acuity meets standards, presence of color vision abnormalities, and gonioscopy.
22	Papilledema or Uveitis	Ophthalmology consultation, to include dilated fundus examination, legible drawings of bilateral optic discs noting mathematical estimates of the cup-to-disc ratio, and optic disc, report of slit lamp examination, visual field test battery, confirmation of the exclusion of underlying systemic pathology, confirmation that visual acuity meets standards, presence of color vision abnormalities, and gonioscopy. In addition provide applicable documentation regarding presence of associated diseases causing uveitis, such as sarcoidosis, ankylosing spondylitis, tuberculosis, syphilis and toxoplasmosis. These conditions should be excluded and the following initial studies should be completed: CXR, Syphilis Serology, PPD, Lyme serology, HLA B 27, Angiotensin Converting Enzyme, and ANA.
23	Glaucoma (treated or untreated) or Increased Intraocular Pressure (IOP)	Waivers may be granted if visual field loss is minimal and IOP is controlled at normal levels without miotic drugs. Miotic drugs are incompatible with night operations due to the inability of the pupil to dilate to admit sufficient light. Ophthalmology consultation is required anytime there is one or more documented IOPs > or equal to 22 mmHg; there is an IOP difference between the eyes of 4 mmHg or greater; there is a optic nerve cup-to-disc ratio > 0.5 or an asymmetrical cup-to-disc ratio between the eyes with a difference of > 0.2; or a visual field deficit is suspected; and when there is a recent change of visual acuity, ocular trauma, uveitis, or iritis. Optometrist or ophthalmologist should confirm the IOP with applanation tonometry. Ophthalmology IOPs should be documented from a Goldman's applanation tonometer, not from a non-contact tonometer "puff test" or Tono-pen, and should be obtained in the AM and PM for two days. Consultation reports should include dilated fundus examination, legible drawings of bilateral optic discs noting mathematical estimates of the cup-to-disc ratio, and optic disc, report of slit lamp examination, visual field test battery, and gonioscopy. If a low IOP of 7 mm Hg or less is confirmed by Goldman applanation tonometry an ophthalmology consultation should be obtained. FOLLOW-UP: Mariners with proven glaucoma should be evaluated quarterly at least for the first year of treatment unless the consultant

		ophthalmologist specifies less frequent. If the mariner is determined to have elevated IOP with suspected glaucomatous changes, he or she should be measured and evaluated every 6 months by an ophthalmologist or optometrist for those mariners labeled with ocular hypertension or glaucoma suspect. If the mariner has elevated IOP without any suspected glaucomatous changes, ophthalmological evaluation should be conducted annually.
24	Macular Degeneration	Ophthalmology consultation, to include dilated fundus examination, legible drawings of bilateral optic discs noting mathematical estimates of the cup-to-disc ratio, and optic disc, report of slit lamp examination, visual field test battery, confirmation of the exclusion of underlying systemic pathology, confirmation that visual acuity meets standards, presence of color vision abnormalities, and gonioscopy.
25	Macular Detachment	Ophthalmology consultation, to include dilated fundus examination, legible drawings of bilateral optic discs noting mathematical estimates of the cup-to-disc ratio, and optic disc, report of slit lamp examination, visual field test battery, confirmation of the exclusion of underlying systemic pathology, confirmation that visual acuity meets standards, presence of color vision abnormalities, and gonioscopy.
26	History of Tumors	Ophthalmology consultation, to include dilated fundus examination, legible drawings of bilateral optic discs noting mathematical estimates of the cup-to-disc ratio, and optic disc, report of slit lamp examination, visual field test battery, confirmation of the exclusion of underlying systemic pathology, confirmation that visual acuity meets standards, presence of color vision abnormalities, and gonioscopy.
27	Vascular Occlusion	Ophthalmology consultation, to include dilated fundus examination, legible drawings of bilateral optic discs noting mathematical estimates of the cup-to-disc ratio, and optic disc, report of slit lamp examination, visual field test battery, confirmation of the exclusion of underlying systemic pathology, confirmation that visual acuity meets standards, presence of color vision abnormalities, and gonioscopy.
28	Retinopathy	Ophthalmology consultation, to include dilated fundus examination, legible drawings of bilateral optic discs noting mathematical estimates of the cup-to-disc ratio, and optic disc, report of slit lamp examination, visual field test battery, confirmation of the exclusion of underlying systemic pathology, confirmation that visual acuity meets standards, presence of color vision abnormalities, and gonioscopy.
29	Disparity in size or reaction to light (afferent pupillary defect) or nonreaction to light in either eye, acute or chronic due to pathologic condition	Neurophthalmology consultation, to include dilated fundus examination, legible drawings of bilateral optic discs noting mathematical estimates of the cup-to-disc ratio, and optic disc, report of slit lamp examination, visual field test battery, confirmation of the exclusion of underlying systemic pathology, confirmation that visual acuity meets standards, presence of color vision abnormalities, and gonioscopy.
30	Nystagmus	Neurology consultation. If nystagmus has been present for a number of years and has not recently worsened, it is usually necessary to consider only the impact that the nystagmus has upon visual acuity. If visual acuity is affected, submit ophthalmology consultation.
31	Synechia, anterior or posterior	Ophthalmology consultation, to include dilated fundus examination, legible drawings of bilateral optic discs noting mathematical

