# OPHTHALMOLOGY EXAMINATION REPORT

Applicant's details

**MEDICAL IN CONFIDENCE**

| (1) JAA State of licence issue: | (2) Class of medical certificate applied for 1st 2nd 3rd Others | |
|---|---|---|
| (3) Surname: | (4) Previous surname(s): | (12) Application Initial Renewal/Revalidation |
| (5) First Names: | (6) Date of birth: / (7) Sex Male Female | (13) Reference number (if applicable) |

(301) **Consent to release medical information:** I hereby authorise the release of all information contained in this report and any or all attachments to the Aeromedical Section and where necessary the Aeromedical Se another State, recognising that these documents or electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the Authority, providing that I or my physician may have access to them according to national law. Medical Confidentiality will be respected at all times.

Date:_____ Signature of the applicant:_____ Signature of medical examiner (witness):_____

| (302) Examination Category I II III<br>Initial<br>Extended<br>Renewal/Reval<br>Special referral | (303) Ophthalomological history: |
|---|---|

**Visual acuity**

| Check each item | | Normal | Abnormal |
|---|---|---|---|
| (304) Eyes, external & eyelids | | | |
| (305) Eyes, Exterior (slit lamp, ophth.) | | | |
| (306) Eye position and movements | | | |
| (307) Visual fields (confrontation) | | | |
| (308) Pupillary reflexes | | | |
| (309) Optic fundi | | | |
| (310) Convergence | cm | | |
| (311) Accommodation | D | | |

(312) Ocular muscle balance (in prisme diopters)

| Distant at 6 metres | Near at 30-50 cm |
|---|---|
| Ortho | Ortho |
| Eso | Eso |
| Exo | Exo |
| Hyper | Hyper |
| Cyclo | Cyclo |
| Tropia Yes No | Phoria Yes No |
| Fusional reserve testing Not performed | Normal Abnormal |

(313) Colour perception

| |
|---|
| Pseudo-isochromatic plates Type: |
| No of plates: No of errors: |
| Advanced colour perception testing indicated Yes No<br>Method: |
| Colour SAFE Colour UNSAFE |

(314) Distant vision at 5 m /6 m lenses Glasses Contact

| | | | |
|---|---|---|---|
| Right eye | Corrected to | | |
| Left eye | Corrected to | | |
| Both eyes | Corrected to | | |

(315) Intermediate vision at 1 m lenses Glasses Conta

| | | | |
|---|---|---|---|
| Right eye | Corrected to | | |
| Left eye | Corrected to | | |
| Both eyes | Corrected to | | |

(316) Near vision *at* 30-50 cm lenses Glasses Conta

| | | | |
|---|---|---|---|
| Right eye | Corrected to | | |
| Left eye | Corrected to | | |
| Both eyes | Corrected to | | |

| (317) Refraction | Sph | Cylinder | Axis | Near (add) |
|---|---|---|---|---|
| Right eye | | | | |
| Left eye | | | | |

Note: Refraction to be examined in cycloplegia at initial examination

| (318) Glasses | (319) Contact lenses |
|---|---|
| Yes No<br>Type: | Yes No<br>Type: |

(320) Intra-ocular pressure

| Right (mmHg) | Left (mmHg) |
|---|---|
| Method: Normal Abnormal | |

(321) **Ophthalmological remarks and recommendation:**

(322) **Examiner's declaration:**

I hereby certify that I have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

| (323) Place and date: | Ophth Examiner's Name and Address:(Block Capitals) | Specialist Stamp: |
|---|---|---|
| Specialist in signature: | | |