



OPHTHALMOLOGY EXAMINATION REPORT

COMPLETE THIS PAGE FULLY AND IN BLOCK CAPITALS - REFER TO INSTRUCTIONS PAGES FOR DETAILS

Medical in Confidence

(1) JAA State of licence issue:	(2) Class of medical certificate applied for: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (ATC) <input type="checkbox"/> Others		
(3) Surname:	(4) Previous surname(s):	(12) Application: <input type="checkbox"/> Initial <input type="checkbox"/> Renewal/Revalidation	
(5) Forenames:	(6) Date of birth:	(7) Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	(13) System reference number:
(301) Consent to release of medical information: I hereby authorise the release of all information contained in this report and any or all attachments to the Aeromedical Examiner, the Authority and where necessary the Aeromedical Section of another State, recognising that these documents or any other 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 the national law. Medical Confidentiality will be respected at all times.			
Date: _____ Signature of the applicant: _____ Signature of the medical examiner (witness): _____			

(302) Examination Category: <input type="checkbox"/> Initial <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal/Reval <input type="checkbox"/> Special referral	(303) Ophthalmological history:
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Clinical examination:
Check each item

	Normal	Abnormal
(304) Eyes, external & eyelids	<input type="checkbox"/>	<input type="checkbox"/>
(305) Eyes, Exterior (slit lamp, ophth.)	<input type="checkbox"/>	<input type="checkbox"/>
(306) Eye position and movements	<input type="checkbox"/>	<input type="checkbox"/>
(307) Visual fields (confrontation)	<input type="checkbox"/>	<input type="checkbox"/>
(308) Pupillary reflexes	<input type="checkbox"/>	<input type="checkbox"/>
(309) Fundi (Ophthalmoscopy)	<input type="checkbox"/>	<input type="checkbox"/>
(310) Convergence	<input type="checkbox"/>	<input type="checkbox"/>
(311) Accomodation	<input type="checkbox"/>	<input type="checkbox"/>

(312) Ocular muscle balance (in prisme dioptres)

Distant at 5/6 meters	Near at 30-50 cm
Ortho	Ortho
Eso	Eso
Exo	Exo
Hyper	Hyper
Cyclo	Cyclo
Tropia <input type="checkbox"/> Yes <input type="checkbox"/> No	Phoria <input type="checkbox"/> Yes <input type="checkbox"/> No
Fusional reserve testing <input type="checkbox"/> Not performed <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	

(313) Colour perception

Pseudo-Isochromatic plates Type: _____
No of plates: _____ No of errors: _____

Advanced colour perception testing indicated Yes No
Method: _____
 Colour SAFE Colour UNSAFE

(321) Ophthalmological remarks and recommendation:

(322) Examiner's declaration:
I hereby certify that I/my AME group 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:	Examiner's Name and Address: (Block Capitals)	AME or Specialist No:
Authorised Medical Examiner's Signature:		

Visual acuity:
(314) Distant vision (at 5m/6m)

	Uncorrected	Corrected to	Spectacles	Contact lenses
Right eye				
Left eye				
Both eyes				

(315) Intermediate vision (at 1 m)

	Uncorrected	Corrected to	Spectacles	Contact lenses
Right eye				
Left eye				
Both eyes				

(316) Near vision (at 30-50 cm)

	Uncorrected	Corrected to	Spectacles	Contact lenses
Right eye				
Left eye				
Both eyes				

(317) Refraction

	Sph	Cylinder	Axis	Near (add)
Right eye				
Left eye				

Actual refraction examined Spectacles prescription based

(318) Spectacles (319) Contact lenses

Yes No Type: _____
 Yes No Type: _____

(320) Intra-ocular pressure

Right	mmHg	Left	mmHg

Method: _____
 Normal Abnormal