

# CIVIL AVIATION AUTHORITY

## OPHTHALMOLOGY EXAMINATION REPORT FOR EUROPEAN CLASS 3 MEDICAL CERTIFICATE

Applicant's details

MEDICAL IN CONFIDENCE

(3) Surname:	(4) Previous surname(s):	Title	(13) Reference number (if applicable)
(5) Forenames:	(6) Date of birth:	(7) Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	(12) Application Initial <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal <input type="checkbox"/>
(1) State of Licence issue:			
(301) <b>Consent to release medical information:</b> 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 Section of 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	(303) Ophthalmological history:	Current spectacles	SPH	CYL	AXIS	VA
Initial <input type="checkbox"/>		Right eye				
Renewal/Revalidation <input type="checkbox"/>		Left eye				
Special referral <input type="checkbox"/>						

### Clinical examination

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 (discs, vessels, macula)		
(310) Convergence	cm	
(311) Accommodation	D	

### (312) Ocular muscle balance (in prism dioptres)

Distant at 6 metres	Near at 30–50cm
Ortho	Ortho
Eso	Eso
Exo	Exo
Hyper	Hyper
Cyclo (If ind)	Cyclo (If ind)
Tropia Yes <input type="checkbox"/> No <input type="checkbox"/>	Phoria Yes <input type="checkbox"/> No <input type="checkbox"/>
Fusional reserve testing Not performed <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	

### (313) Colour perception

Ishihara test	
No. of plates:	No. of errors:
Advanced colour perception testing indicated Yes <input type="checkbox"/> No <input type="checkbox"/>	
Method:	
Colour SAFE <input type="checkbox"/>	Colour UNSAFE <input type="checkbox"/>

### Visual acuity

(314) Distant vision at 5 m/6 m	Glasses	Contact lenses
Right eye	Corrected to	
Left eye	Corrected to	
Both eyes	Corrected to	

(315) Intermediate vision at 1 m	Glasses	Contact lenses
Right eye	Corrected to	
Left eye	Corrected to	
Both eyes	Corrected to	

(316) Near vision at 30–50cm	Glasses	Contact lenses
Right eye	Corrected to	
Left eye	Corrected to	
Both eyes	Corrected to	

(317) Refraction	Sph	Cylinder	Axis	Near (add)
Right eye				
Left eye				
Cycloplegia indicated Yes <input type="checkbox"/> No <input type="checkbox"/>				

(318) Glasses	(319) Contact lenses
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	Type:

(320) Intra-ocular pressure	
Right (mmHg)	Left (mmHg)
Method: at: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	

### (321) Ophthalmic remarks and recommendations:

--

### (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:	Optometrist/Ophthalmologist's Name and Address: (Block Capitals)	Specialist Stamp:
Specialist's signature:	Telephone No.:	
	Telefax No.:	

## INSTRUCTIONS FOR COMPLETION OF THE OPHTHALMOLOGY EXAMINATION REPORT FORM

Writing must be in Block Capitals using a ball-point pen and be legible. Exert sufficient pressure to make legible copies. Completion of this form by typing or printing is both acceptable and preferable. If more space is required to answer any question, use a plain sheet of paper bearing the applicant's name, the information, your signature and the date signed. The following numbered instructions apply to the numbered headings on the Medical Examination Report Form.

**NOTICE** – Failure to complete the medical examination report form in full as required or to write legibly may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of False or Misleading statements or the withholding of relevant information by an authorised examiner may result in criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

**GENERAL** – The AME or Ophthalmology specialist performing the examination should verify the identity of the applicant. The applicant should then be requested to complete the sections 1, 2, 3, 4, 5, 6, 7, 12 and 13 on the form and then sign and date the consent to release of medical information (Section 301) with the examiner countersigning as witness.

**302 EXAMINATION CATEGORY** – Tick appropriate box.

Initial – Initial examination for European Class 3

Revalidation/Renewal – Subsequent comprehensive Ophthalmological examinations (due to refractive error).

Special Referral – NON Routine examination for assessment of an ophthalmological symptom or finding.

**303 OPHTHALMOLOGY HISTORY** – Detail here any history of note or reasons for special referral.

**CLINICAL EXAMINATION – SECTIONS 304–309 INCLUSIVE** – These sections together cover the general clinical examination and each of the sections must be checked as Normal or Abnormal. Enter any abnormal findings or comments on findings in Section 321.

**308 PUPILLARY REFLEXES** – Perform direct, consensual and near reflexes.

**309 OPTIC FUNDI** – Check discs, vessels, maculae and central retina.

**310 CONVERGENCE** – Enter near point of convergence in cm as measured using RAF Near Point Rule or equivalent. Please also tick whether Normal or Abnormal and enter abnormal findings and comments in Section 321.

**311 ACCOMMODATION** – Enter measurement recorded in Dioptres using RAF Near Point Rule or equivalent. Please also tick whether Normal or Abnormal and enter abnormal findings and comments in Section 321.

**312 OCULAR MUSCLE BALANCE** – Ocular Muscle Balance is tested at Distant 5 or 6m and Near at 30–50cm and results recorded. Presence of Tropia or Phoria must be entered accordingly and also whether Fusional Reserve Testing was NOT performed and if performed whether normal or not.

**313 COLOUR PERCEPTION** – Enter number of Ishihara plates presented with number of errors made by examinee. State whether Advanced Colour Perception Testing is indicated and what methods used (which Colour Lantern or Anomaloscopy) and finally whether judged to be Colour Safe or Unsafe. Advanced Colour Perception Testing is usually only required for initial assessment unless indicated by change in applicant's colour perception.

**314–316 VISUAL ACUITY TESTING** at 5/6m, 1m and 30–50cm – Record actual visual acuity obtained in appropriate boxes. If correction not worn nor required, put line through corrected vision boxes. Distant visual acuity to be tested at either 5 or 6 metres with the appropriate chart for that distance.

**317 REFRACTION** – Record results of refraction.

**318 SPECTACLES** – Tick appropriate box signifying if spectacles are or are not worn by applicant. If used, state whether unifocal, bifocal, varifocal or look-over.

**319 CONTACT LENSES** – Tick appropriate box signifying if contact lenses are or are not worn. If worn, state type from the following list: hard, soft, gas-permeable, disposable.

**320 INTRA-OCULAR PRESSURE** – Enter Intra-Ocular Pressure recorded for right and left eyes and indicate whether normal or not. Also indicate method used – applanation, air etc.

**321 OPHTHALMIC REMARKS AND RECOMMENDATIONS** – Enter here all remarks. Comment on normal and abnormal findings and assessment results. Comment on symmetry of optic discs and maculae appearance. Also enter any limitations recommended. If there is any doubt about findings or recommendations the examiner may contact the AMS for advice before finalising the report form.

**322 OPHTHALMOLOGY EXAMINERS DETAILS** – In this section the Ophthalmology examiner must sign the declaration, complete his name and address in block capitals, contact telephone number (and fax if available) and lastly stamp the report with his designated stamp incorporating his AME or specialist number.

**323 PLACE AND DATE** – Enter the place (town or city) and the date of examination. The date of examination is the date of the clinical examination and not the date of finalisation of form. If the Ophthalmology examination report is finalised on a different date, enter date of finalisation on Section 321 as 'Report finalised on .....'.  
'