

Applicant's details **Complete this page fully and in block capitals – Refer to instructions pages for details** **Medical in confidence**

1. JAA State applied to:		2. Class of medical certificate applied for <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <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. 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 national law. Medical Confidentiality will be respected at all times.

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

302. Examination Category <input type="checkbox"/> Initial <input type="checkbox"/> Extended <input type="checkbox"/> Renewal/Revalidation <input type="checkbox"/> Special referral	303. Ophthalmological history:
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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. Fundi (Ophthalmoscopy)		
310. Convergence cm		
311. Accomodation D		

312. *Ocular muscle balance (in prisme dioptres)*

Distance at 5/6 metres	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:	Ophth Examiner's Name and Address:(Block Capitals)	AME or Specialist Stamp with No:
Authorised Medical Examiner's/Specialist's Signature:	Telephone No:	
	Telefax No:	

Visual acuity

314. *Distant vision at 5m /6m* Spectacles Contact lenses

Right eye	uncorr.		Corrected to		
Left eye	uncorr.		Corrected to		
Both eyes	uncorr.		Corrected to		

315. *Intermediate vision at 1 m* Spectacles Contact lenses

Right eye	uncorr.		Corrected to		
Left eye	uncorr.		Corrected to		
Both eyes	uncorr.		Corrected to		

316. *Near vision at 30 - 50 cm* Spectacles Contact lenses

Right eye	uncorr.		Corrected to		
Left eye	uncorr.		Corrected to		
Both eyes	uncorr.		Corrected to		

317. *Refraction*

	Sph	Cylinder	Axis	Near (add)
Right eye				
Left eye				

Actual refraction examined Spectacles prescription based

318. *Spectacles* 319. *Contact lenses*

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type: _____	Type: _____

320. *Intra-ocular pressure*

Right (mm-Hg)	Left (mm-Hg)
Method:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal