

# Ophtalmology Examination Report

Medical in confidence

## Applicant's details

<b>(1)</b> State applied to:		<b>(2)</b> Class of medical certificate applied for:	
		Class 1	Class 2
<b>(3)</b> Surname:		<b>(4)</b> Previous surname(s):	
<b>(5)</b> First name(s):		<b>(6)</b> Date of birth:	<b>(7)</b> Male Female
<b>(12)</b> Application	Initial Renewal/revalidation	<b>(13)</b> Reference number (if applicable):	
<b>(301)</b> Consent to release medical information: I hereby authorize the release of all information contained in this report and any or all attachments to Aero Medical Section and where necessary the Aero Medical Section of another State, recognizing 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 physicians may have access to them according to national law Medical confidentiality will be respected at all time.			
Date: _____ Signature of applicant: _____ Signature of the medical examiner (witness): _____			
<b>(302)</b> Examination category:		<b>(303)</b> Ophtalmology history:	
Initial Extended Renewal/reval... Special referral			

## Clinical examinations

Check each item: Normal Abnormal

<b>(304)</b> Eyes, external and eyelids		
<b>(305)</b> Eyes, exterior (slit lamp, ophth)		
<b>(306)</b> Eye position and movements		
<b>(307)</b> Visual fields (confrontation)		
<b>(308)</b> Pupillary reflexes		
<b>(309)</b> : i bX] fC d\ fU'a cgWdnt		
<b>(310)</b> Convergence	cm	
<b>(311)</b> Accomodation	D	

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

Distance 6 Metres		Near at 30-50 cm	
Orto		Orto	
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: Ishihara (24 plates)
No. of plates:	No. of errors:
Advanced colour perception testing indicated	Yes No
Method:	
Colour SAFE	Colour UNSAFE

## (321) Ophtalmological remarks and recommendations:

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**(322)** I hereby certify that I/my AME group have personally examined the applicant named in this medical examination report and that this report with any attachment embodies my findings, completely and correctly.

<b>(323)</b> Place:	Ophth Examiner's name and address: (block capitals) Name:	AME or specialist stamp with No.:
Date:	Address:	
SME signature:	Telephone no.:	
	Telefax no.:	
	E-mail:	

## Visual acuity

**(314)** Distant vision 5m/6m Spectacles Contact lenses

Uncorrected			
Right eye		Corrected to	
Left eye		Corrected to	
Both eyes		Corrected to	

**(315)** Intermediate vision at 1 m Spectacles Contact lenses

Uncorrected			
Right eye		Corrected to	
Left eye		Corrected to	
Both eyes		Corrected to	

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

Uncorrected			
Right eye		Corrected to	
Left eye		Corrected to	
Both eyes		Corrected to	

**(317)** Refraction Sph Cylinder Axis Near (add)

Right eye				
Left eye				
Note: Actual refraction examined Spectacles prescription based				

**(318)** Spectacles

**(319)** Contact lenses

Yes	No	Yes	No
Type:		Type:	

**(320)** Intra-ocular pressure

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

Forward to: ATT: Ophtalmology EX. Report, Trafik-, Bygge- og Boligstyrelsen, Edvard Thomsens Vej 14, DK-2300 Copenhagen S, Denmark