OPHTHALMOLOGY EXAMINATION REPORT

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

Applicant's details

Medical in Confidence

(1) State applied to:	(2) Medical certificate applied for Class: 1 ☐ 2 ☐ 3 AFS/FIS ☐	
(3) Surname:	(4) Previous surname(s):	(12) Application: ☐ Initial ☐ Renewal/Revalidation
(5) Forename(s):	(6) Date of birth: / (7) Sex: ☐ Male ☐ 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 AME and, where necessary, to the medical assessor of the licensing authority, 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 licensing 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 AME

(302) Examination Category:
☐ Initial
☐ Revalidation
☐ Renewal Special referral ☐

(303) Ophthalmological history:

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)

Distant at 5/6 meters	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: **Ishihara (24 plates)**
No of plates: No of errors:

Advanced colour perception testing indicated ☐ Yes ☐ No
Method:

☐ Colour SAFE ☐ Colour UNSAFE

Visual acuity:

(314) *Distant vision (at 5m/6m)*

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

(315) *Intermediate vision (at 1 m)*

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

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

	Uncorrected		Spectacles	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				

☐ Actual refraction examined ☐ Spectacles prescription based

(318) *Spectacles*

☐ Yes ☐ No
Type:

(319) *Contact lenses*

☐ Yes ☐ No
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/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:	Opht examiner's name and address: (Block Capitals)	AME or specialist stamp No:
AME signature:	E-mail: Telephone No: Telefax No:	