austro CONTROL

Civil Aviation Authority of Austria

OPHTHALMOLOGY EXAMINATION REPORT

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

Austria

Medical in Confidence

(1) State of licence issue:	(2) Class of medical certificate applied for: ☐ 1 ☐ 2 ☐ 3 (ATC) ☐ Others	
(3) Surname:	(4) Previous surname(s):	(12) Application: ☐ Initial ☐ Renewal/Revalidation
(5) Forenames:	(6) Date of birth: / (7) Sex: ☐ Male ☐ Female	(13) System reference number:
(8) Place and country of birth:	(9) Nationality:	(14) Type of licence applied for:

(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:
☐ Initial
☐ Extended
☐ Renewal/Reval
☐ 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:
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)

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

(315) Intermediate vision (at 1 m)

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

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

			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:	Examiner's Name and Address: (Block Capitals)	AME or Specialist No:
Authorised Medical Examiner's Signature:	**Telephone No.:** **Telefax No.:**	