OPHTHALMOLOGY EXAMINATION REPORT FORM

Complete this page fully and in block capitals – Refer to instructions for completion.

MEDICAL IN CONFIDENCE

Applicant's details

(1) State applied to:	(2) Medical certificate applied for: class 1 ☐ class 2 ☐		
(3) Surname:	(4) Previous surname(s):		(12) Application: Initial ☐ Revalidation/Renewal ☐
(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 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 applicant	Signature of AME
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(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) Accommodation	D		

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

Distant at 5m/6m	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 1m*

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

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

	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:	Ophth examiner's name and address: (block capitals) E-mail: Telephone No.: Telefax No.:	AME or specialist stamp with No.:
AME signature:		