

**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 <input type="checkbox"/> class 2 <input type="checkbox"/>		
(3) Surname:	(4) Previous surname(s):	(12) Application: Initial <input type="checkbox"/> Revalidation/Renewal <input type="checkbox"/>	
(5) Forename(s):	(6) Date of birth:	(7) Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	(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	

(302) Examination category:	(303) Ophthalmological history:
Initial <input type="checkbox"/>	
Revalidation <input type="checkbox"/>	
Renewal <input type="checkbox"/>	
Special referral <input type="checkbox"/>	

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		Spectacles	Contact lenses
Uncorrected			
Right eye	Corrected to		
Left eye	Corrected to		
Both eyes	Corrected to		
(315) Intermediate vision at 1m		Spectacles	Contact lenses
Uncorrected			
Right eye	Corrected to		
Left eye	Corrected to		
Both eyes	Corrected to		
(316) Near vision at 30-50cm		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				
Actual refraction examined Spectacles prescription based				

(318) Spectacles	(319) Contact lenses
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	Type:
(320) Intra-ocular pressure	
Right (mmHg)	Left (mmHg)
Method	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>

(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.:
AME signature:	E-mail: Telephone No.: Telefax No.:	