

## OPHTHALMOLOGY EXAMINATION REPORT FORM

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

Applicant's details

**MEDICAL IN CONFIDENCE**

(3) Surname:	(4) Previous surname(s):	Title	(13) Reference number (if applicable)
(5) Forenames:	(6) Date of birth:	(7) Sex Male Female	(12) Application Initial Revalidation/Renewal
(1) State applied to:	(2) Medical certificate applied for class 1 class 2		
<p>(301) <b>Consent to release medical information:</b> 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.</p>			
Date:	Signature of the applicant:	Signature of AME:	

(302) Examination Category Initial Renewal / Revalidation  Special referral	(303) Ophthalmological history:	Current spectacles	SPH	CYL	AXIS	VA
		Right eye				
		Left eye				

### 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	

### Visual acuity

(314) Distant vision at 5 m/6 m		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				
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	

### (321) Ophthalmic remarks and recommendations:

{Remarks}

### (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:	Telephone No.:	
	E mail	

# INSTRUCTIONS FOR COMPLETION OF THE OPHTHALMOLOGY EXAMINATION REPORT FORM

Writing should be legible and in block capitals using a ball-point pen. Completion of this form by typing or printing is both acceptable. If more space is required to answer any question, a plain sheet of paper should be used, bearing the applicant's name, the name and signature of the AME or ophthalmology specialist performing the examination and the date of signing. The following numbered instructions apply to the numbered headings on the medical examination report form.

**NOTICE** – Failure to complete the medical examination report form in full, as required, or to write legibly may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of false or misleading statements or the withholding of relevant information by an examiner may result in criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

**GENERAL** – The AME or Ophthalmology specialist performing the examination should verify the identity of the applicant. The applicant should then be requested to complete the sections 1, 2, 3, 4, 5, 6, 7, 12 and 13 on the form and then sign and date the consent to release of medical information (Section 301) with the examiner countersigning as witness.

**302 EXAMINATION CATEGORY** – Tick appropriate box.

Initial – Initial examination for either class 1 or 2; also initial examination for upgrading from class 2 to 1 (insert 'upgrading' in Section 303).

Renewal/Revalidation – Subsequent comprehensive ophthalmological examinations (due to refractive error).

Special referral – NON-ROUTINE examination for assessment of an ophthalmological symptom or finding.

**303 OPHTHALMOLOGICAL HISTORY** – Detail here any history of note or reasons for special referral.

**304–309 INCLUSIVE: CLINICAL EXAMINATION** These sections together cover the general clinical examination and each of the sections must be marked (with a tick) as normal or abnormal. Any abnormal findings or comments on findings should be entered in section 321.

**310 CONVERGENCE** – Enter near point of convergence in cm, as measured using RAF near point rule or equivalent. Tick whether normal or abnormal. Any abnormal findings or comments on findings should be entered in section 321.

**311 ACCOMMODATION** – Enter measurement recorded in dioptres using RAF near point rule or equivalent. Tick whether normal or abnormal. Any abnormal findings or comments on finding should be entered in section 321.

**312 OCULAR MUSCLE BALANCE** – Ocular muscle balance is tested at distant 5 or 6 m and near at 30–50 cm and results recorded. Presence of tropia or phoria must be entered accordingly and also whether fusional reserve testing was NOT performed and if performed whether normal or not.

**313 COLOUR PERCEPTION** – Enter type of pseudo-isochromatic plates (ishihara) as well as number of plates presented with number of errors made by examinee. 15 plates should normally be presented from the 24 plate series. State whether advanced colour perception testing is indicated and what methods used (which colour lantern or anomaloscopy) and finally whether judged to be colour safe or unsafe. Advanced colour perception testing is usually only required for initial assessment unless indicated by change in applicant's colour perception.

**314–316 VISUAL ACUITY TESTING** at 5/6 m, 1 m and 30–50 cm – Record actual visual acuity obtained in appropriate boxes. If correction not worn nor required, put line through corrected vision boxes. Distant visual acuity to be tested at either 5 m or 6 m with the appropriate chart for that distance.

**317 REFRACTION** – Record results of refraction. Indicate also whether for class 2 applicants, refraction details are based upon spectacle prescription.

**318 SPECTACLES** – Tick appropriate box signifying if spectacles are or are not worn by applicant. If used, state whether unifocal, bifocal, varifocal or look-over.

**319 CONTACT LENSES** – Tick appropriate box signifying if contact lenses are or are not worn. If worn, state type from the following list; hard, soft, gas-permeable, disposable.

**320 INTRA-OCULAR PRESSURE** – Enter intra-ocular pressure recorded for right and left eyes and indicate whether normal or not. Also indicate method used – applanation, air etc.

**321 OPHTHALMOLOGICAL REMARKS AND RECOMMENDATIONS** – Enter here all remarks, abnormal findings and assessment results. Also enter any limitations recommended. If there is any doubt about findings or recommendations, the examiner may contact the AMS for advice before finalising the report form.

**322 OPHTHALMOLOGY EXAMINERS DETAILS** – The Ophthalmology examiner must sign the declaration, complete his/her name and address in block capitals, contact details and lastly stamp the report with his/her designated stamp incorporating his/her AME or specialist number.

**323 PLACE AND DATE** – Enter the place (town or city) and the date of examination. The date of examination is the date of the clinical examination and not the date of finalisation of form. If the Ophthalmology examination report is finalised on a different date, enter date of finalisation on Section 321 as 'Report finalised on .....'.