To the Optician/Optometrist,

Your ‘patient’ is a pilot who requires corrective lenses for flying. He or she is required to supply a report of your examination to a Civil Aviation Approved Aeromedical Examiner. It should include the tests noted below (intra-ocular pressure only if over 40 years old) and it would be very helpful if you could note your examination finding on this form and hand it to the pilot at the end of the examination. Any fees incurred are the responsibility of the pilot.

If you are prescribing corrective lenses, you may wish to note that a pilot’s corrected visual acuity must be at least 6/9 in each eye, 6/6 binocularly, and he/she must be able to read N14 at 100cms and N5 at 30-50cms. The requirements must be met at all three distances without changing spectacle frames. For this reason, full frame reading glasses are not permitted. Where presbyopia exists alone, it must be corrected by half eye spectacles. Contact lenses and varifocal lenses are acceptable, but pilots must become fully tolerant of them before flying. Bifocals with a small ‘D- Segment’ are preferred to ‘exec’ because they allow proper distance correction of the runway peripheral vision ‘streaming’ cues when landing an aircraft. If necessary an additional reading segment may be placed in the top of the lens to facilitate reading an overhead panel. Distance contact lenses in combination with half eye spectacles are acceptable, but multifocal contact lenses or mono vision contact lens correction are not. Thank you for your help.

|  |  |  |
| --- | --- | --- |
| Patient’s full name:CAA No: | D.O.B: | Date of examination: |

|  |  |  |
| --- | --- | --- |
|  EACH BOTHDistance Class 1 6/9 6/6Visual Acuity Class 2 6/12 6/9 | IntermediateN14 or better at 1M | NearN5 or better at 30 – 50 cm |
|  | Uncorrected | Corrected | Uncorrected | Corrected | Uncorrected | Corrected |
| Right | 6/ | 6/ | Yes / No | Yes / No | Yes / No | Yes / No |
| Left | 6/ | 6/ | Yes / No | Yes / No | Yes / No | Yes / No |
| Binocular | 6/ | 6/ | Yes / No | Yes / No | Yes / No | Yes / No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Glasses (tick/circle if worn) | Bifocal | Lookover (S/V near) | Unifocal (S/V distance) | Varifocal |
| Contacts (tick/circle if worn) | Gas permeable | Hard | Soft | Soft disposable |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Refraction | Sphere | Cylinder | Axis | Near (add) | Intra-ocular pressureAge over 40Method: NCT Applanation |
| Right  |  |  |  |  | Right |  mms/Hg |
| Left |  |  |  |  | Left |  mms/Hg |

Binocular Vision Normal / Abnormal Slit lamp examination Normal / Abnormal

Vision Fields Normal / Abnormal Ocular motility Normal / Abnormal

Fundus Normal / Abnormal

Comment on any abnormal history / findings:

Signature:………………………………………………………………. Practice Stamp:

Print Name:……………………………………………………………………………………………………