



Civil Aviation Authority - Sultanate of Oman
Flight Safety Department - Personnel Licensing Section
Ophthalmology Examination Report Form

APPLICANT'S DETAILS

MEDICAL IN CONFIDENCE

| | | | |
|----------------------------|--------------|--|---|
| First Name | Middle Name: | Last Name | License number |
| Date of birth (dd/mm/yyyy) | | Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> | Application <input type="checkbox"/> Initial <input type="checkbox"/> Renewal |
| State applied to: | | Medical certificate applied for | |

Consent to release 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 the applicant: | Signature of AME: |
|-------|-----------------------------|-------------------|

| | | | | | | |
|---|---------------------------|--------------------|-----|-----|------|----|
| Examination Category | Ophthalmological history: | Current spectacles | SPH | CYL | AXIS | VA |
| Initial <input type="checkbox"/> | | Right eye | | | | |
| Renewal / Revalidation <input type="checkbox"/> | | Left eye | | | | |
| Special referral <input type="checkbox"/> | | | | | | |

Clinical examination

| Check each item | Normal | Abnormal |
|------------------------------------|--------|----------|
| Eyes, external & eyelids | | |
| Eyes, Exterior (slit lamp, ophth.) | | |
| Eye position and movements | | |
| Visual fields (confrontation) | | |
| Pupillary reflexes | | |
| Fundi (Ophthalmoscopy) | | |
| Convergence | cm | |
| Accommodation | D | |

Visual acuity

Distant vision at 5 m/6 m

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

Intermediate vision at 1m

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

Near vision at 30-50 cm

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

Refraction

| | Sph | Cylinder | Axis | Near (add) |
|-----------|-----|----------|------|------------|
| Right eye | | | | |
| Left eye | | | | |

Actual refraction examined Spectacles prescription based

| | | | |
|--|--|--|--|
| Spectacles | | Contact lenses | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Type: | Type: | Type: | Type: |

Intra-ocular pressure

| | |
|---------------------------------|-----------------------------------|
| Right (mmHg) | Left (mmHg) |
| Method: | |
| Normal <input type="checkbox"/> | Abnormal <input type="checkbox"/> |

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.: | |
| | Telefax No.: | |