

OPHTHALMOLOGY EXAMINATION REPORT

COMPLETE THIS PAGE FULLY AND IN BLOCK CAPITALS - REFER TO INSTRUCTIONS PAGES FOR DETAILS

Sweden

Medical in Confidence

(1) State applied to:	(2) Class of medical certificate applied for: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (ATC) <input type="checkbox"/> Other		
(3) Surname:	(4) Previous surname(s):	(12) Application: <input type="checkbox"/> Initial <input type="checkbox"/> Revalidation/Renewal	
(5) Forename(s):	(6) Date of birth:	(7) Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	(13) System 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/Specialist:

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

Clinical examination:

Check each item

	Normal	Abnormal
(304) Eyes, external & eyelids	<input type="checkbox"/>	<input type="checkbox"/>
(305) Eyes, Exterior (slit lamp, ophth.)	<input type="checkbox"/>	<input type="checkbox"/>
(306) Eye position and movements	<input type="checkbox"/>	<input type="checkbox"/>
(307) Visual fields (confrontation)	<input type="checkbox"/>	<input type="checkbox"/>
(308) Pupillary reflexes	<input type="checkbox"/>	<input type="checkbox"/>
(309) Fundi (Ophthalmoscopy)	<input type="checkbox"/>	<input type="checkbox"/>
(310) Convergence	<input type="checkbox"/>	<input type="checkbox"/>
(311) Accommodation	<input type="checkbox"/>	<input type="checkbox"/>

(312) Ocular muscle balance (in prisme dioptres)

Distant at 5/6 meters	Near at 30-50 cm
Ortho	Ortho
Eso	Eso
Exo	Exo
Hyper	Hyper
Cyclo	Cyclo
Tropia <input type="checkbox"/> Yes <input type="checkbox"/> No	Phoria <input type="checkbox"/> Yes <input type="checkbox"/> No
Fusional reserve testing <input type="checkbox"/> Not performed <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	

(313) Colour perception

Pseudo-Isochromatic plates	Type: Ishihara (24 plates)
No of plates:	No of errors:
Advanced colour perception testing indicated <input type="checkbox"/> Yes <input type="checkbox"/> No	
Method: <input type="checkbox"/> Colour SAFE <input type="checkbox"/> Colour UNSAFE	

Visual acuity:

(314) Distant vision (at 5m/6m)

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

(315) Intermediate vision (at 1 m)

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

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

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

(317) Refraction

	Sph	Cylinder	Axis	Near (add)
Right eye				
Left eye				

Actual refraction examined Spectacles prescription based

(318) Spectacles (319) Contact lenses

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type:	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:	AME/Specialist's Name and Address: (Block Capitals)	AME/Specialist's Stamp:
AME/Specialist's Signature:	E-MAIL: TEL NO: FAX NO:	