



CIVIL AVIATION AUTHORITY OF MALAYSIA

OPHTHALMOLOGY EXAMINATION REPORT

MEDICAL IN CONFIDENCE

Applicant's details

Medical certificate applied for: Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/>		
Full Name:		Application: <input type="checkbox"/> Initial <input type="checkbox"/> Renewal
Identity Card Number:		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<p>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 DME 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 applicant	----- Signature of DME
Examination category: Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Special referral <input type="checkbox"/>	Ophthalmological history:	

Clinical examination

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

Ocular muscle balance (in prisme dioptres)

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

Colour perception

Pseudo-isochromatic plates	Type:
No. of plates:	No. of errors
Advanced colour perception testing indicated? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Colour SAFE <input type="checkbox"/>	Colour UNSAFE <input type="checkbox"/>

Visual acuity

Distant vision at 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 Lense
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"/>
Type:	Type:

Intra-ocular pressure

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

Ophthalmological remarks and recommendation:

Examiner's declaration:

I hereby certify that I/my DME 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:	Ophthalmologist examiner's name and address: (block capitals)	DME or specialist stamp with No.:
Doctor's signature:	E-mail:	
	Telephone No.:	

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 DME or ophthalmology specialist performing the examination and the date of signing.

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 DME or Ophthalmology specialist performing the examination should verify the identity of the applicant. The applicant should then be requested to complete the applicant's details sections on the form and then sign and date the consent to release of medical information with the examiner countersigning as witness.

EXAMINATION CATEGORY – Tick appropriate box.

Initial – Initial examination for either class 1, 2 and 3; also initial examination for upgrading from class 2 to 1 (insert 'upgrading' in Ophthalmology history).

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

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

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

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.

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 Ophthalmological remarks and recommendations

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 Ophthalmological remarks and recommendations

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.

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.

VISUAL ACUITY TESTING at 6m, 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 6 m with the appropriate chart for that distance.

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

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

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.

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.

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 Chief Medical Assessor for advice before finalising the report form.

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.

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 as 'Report finalised on.....'.