CIVIL AVIATION AUTHORITY OF THE PHILIPPINES
Office of the Flight Surgeon and Aviation Medicine

EYE EXAMINATION REPORT

Part A – Applicant Details

Name: _____ Age: ____ Date: _____
Sex: ☐ Male ☐ Female Address: _____
Contact No.: _____ Type of License: _____
Class of Aviation Medical Certificate: ☐ Class 1 ☐ Class 2 ☐ Class 3

Part B – Examination Details

	Uncorrected						Corrected	
Distance Vision								
Right Eye	☐ 20/20	☐ 20/30	☐ 20/40	☐ More than → 20/40	→ 20/___		☐ 20/20	☐ 20/___
Left Eye	☐ 20/20	☐ 20/30	☐ 20/40	☐ More than → 20/40	→ 20/___		☐ 20/20	☐ 20/___
Binocular Eye	☐ 20/20	☐ 20/30	☐ 20/40	☐ More than → 20/40	→ 20/___		☐ 20/20	☐ 20/___

	Uncorrected						Corrected	
Near Vision								
Right Eye	☐ 20/20	☐ 20/30	☐ 20/40	☐ More than → 20/40	→ 20/___		☐ 20/20	☐ 20/___
Left Eye	☐ 20/20	☐ 20/30	☐ 20/40	☐ More than → 20/40	→ 20/___		☐ 20/20	☐ 20/___
Binocular Eye	☐ 20/20	☐ 20/30	☐ 20/40	☐ More than → 20/40	→ 20/___		☐ 20/20	☐ 20/___

	Uncorrected						Corrected	
Intermediate Vision								
Right Eye	☐ 20/20	☐ 20/30	☐ 20/40	☐ More than → 20/40	→ 20/___		☐ 20/20	☐ 20/___
Left Eye	☐ 20/20	☐ 20/30	☐ 20/40	☐ More than → 20/40	→ 20/___		☐ 20/20	☐ 20/___
Binocular Eye	☐ 20/20	☐ 20/30	☐ 20/40	☐ More than → 20/40	→ 20/___		☐ 20/20	☐ 20/___

Heterophoria Diopters: ESO ____ EXO ____ R.H. ____ L.H. ____

Color Vision:
Pseudo-isochromatic Plates: ☐ Passed ☐ Failed
Lantern Test: ☐ Passed ☐ Failed

Has an approved Signal Light Test performed? __Yes __No
Outcome? ☐ Passed ☐ Failed
Date Taken: _____

Depth Perception: ☐ Passed
☐ Failed
☐ Not Done

Remarks:
- ☐ Wears Single Vision Lenses
- ☐ Wears Bifocal Lenses
- ☐ Wears Trifocal/ Progressive Lenses
- ☐ Wears Separate Lenses for Distant and Near Vision
- ☐ Wears Contact Lenses
- ☐ Wears both Contact Lenses and Eye Glasses
- ☐ Not Wearing Any Corrective Lenses
- ☐ Others: _____

Examined By:

_____