

EYE EXAMINATION REPORT

Part A – Application Details

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

Part B – Examination Details

Uncorrected		Corrected
Distance Vision		
Right Eye <input type="checkbox"/> 20/20 <input type="checkbox"/> 20/25 <input type="checkbox"/> 20/30	More than 20/30 → 20/____	<input type="checkbox"/> 20/20 <input type="checkbox"/> 20/____
Left Eye <input type="checkbox"/> 20/20 <input type="checkbox"/> 20/25 <input type="checkbox"/> 20/30	More than 20/30 → 20/____	<input type="checkbox"/> 20/20 <input type="checkbox"/> 20/____
Both Eyes <input type="checkbox"/> 20/20 <input type="checkbox"/> 20/25 <input type="checkbox"/> 20/30	More than 20/30 → 20/____	<input type="checkbox"/> 20/20 <input type="checkbox"/> 20/____

Uncorrected		Corrected
Near Vision		
Right Eye <input type="checkbox"/> 20/20 <input type="checkbox"/> 20/25 <input type="checkbox"/> 20/30	More than 20/30 → 20/____	<input type="checkbox"/> 20/20 <input type="checkbox"/> 20/____
Left Eye <input type="checkbox"/> 20/20 <input type="checkbox"/> 20/25 <input type="checkbox"/> 20/30	More than 20/30 → 20/____	<input type="checkbox"/> 20/20 <input type="checkbox"/> 20/____
Both Eyes <input type="checkbox"/> 20/20 <input type="checkbox"/> 20/25 <input type="checkbox"/> 20/30	More than 20/30 → 20/____	<input type="checkbox"/> 20/20 <input type="checkbox"/> 20/____

Uncorrected		Corrected
Intermediate Vision		
Right Eye <input type="checkbox"/> 20/20 <input type="checkbox"/> 20/25 <input type="checkbox"/> 20/30	More than 20/30 → 20/____	<input type="checkbox"/> 20/20 <input type="checkbox"/> 20/____
Left Eye <input type="checkbox"/> 20/20 <input type="checkbox"/> 20/25 <input type="checkbox"/> 20/30	More than 20/30 → 20/____	<input type="checkbox"/> 20/20 <input type="checkbox"/> 20/____
Both Eyes <input type="checkbox"/> 20/20 <input type="checkbox"/> 20/25 <input type="checkbox"/> 20/30	More than 20/30 → 20/____	<input type="checkbox"/> 20/20 <input type="checkbox"/> 20/____

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

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

Remarks:

<input type="checkbox"/> Wears Single Vision Lenses	<input type="checkbox"/> Wears Both Contact Lenses and Eye Glasses
<input type="checkbox"/> Wears Bifocal Lenses	<input type="checkbox"/> With Astigmatism
<input type="checkbox"/> Wears Trifocal/ Progressive Lenses	<input type="checkbox"/> Not Wearing Any Corrective Lenses
<input type="checkbox"/> Wears Separate Lenses for Distance and Near Vision	<input type="checkbox"/> To present new pair of lenses for far/near
	<input type="checkbox"/> Others _____

Examined By:
