

COMPREHENSIVE OPHTHALMOLOGY EXAMINATION REPORT FORM

Complete this page fully and in block capitals - Refer to instructions for completion

MEDICAL IN CONFIDENCE

Applicant's details			
(3) Surname	(4) Previous surname(s)	Title	(13) Reference number (if applicable)
(5) Forenames	(6) Date of birth	(7) Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	(12) Application Initial <input type="checkbox"/> Revalidation / Renewal <input type="checkbox"/>
(1) State applied to	(2) Medical certificate applied for Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/>		
(301) 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 applicant		Signature of AME

(302) Examination category	(303) 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
(304) Eyes, external & eyelids		
(305) Eyes, exterior (slit lamp, ophth.)		
(306) Eye position and movements		
(307) Visual fields (confrontation)		
(308) Pupillary reflexes		
(309) Fundi (ophthalmoscopy)		
(310) Convergence	cm	
(311) Accommodation	D	

Visual acuity

(314) Distant vision at 6 m	Spectacles		Contact lenses	
Uncorrected				
Right eye	Corrected to			
Left eye	Corrected to			
Both eyes	Corrected to			

(315) Intermediate vision at 1 m	Spectacles		Contact lenses	
Uncorrected				
Right eye	Corrected to			
Left eye	Corrected to			
Both eyes	Corrected to			

(316) Near vision at 30-50 cm	Spectacles		Contact lenses	
Uncorrected				
Right eye	Corrected to			
Left eye	Corrected to			
Both eyes	Corrected to			

(317) Refraction	Sph	Cylinder	Axis	Near (add)
Right eye				
Left eye				
Actual refraction examined		Spectacles prescription based		

(318) Spectacles	(319) Contact lenses
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	Type:

(320) Intra-ocular pressure	Right (mmHg)	Left (mmHg)
Method:	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>

(312) Ocular muscle balance (in prism 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"/>	

(313) 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"/>
Method:
Colour SAFE <input type="checkbox"/> Colour UNSAFE <input type="checkbox"/>

(321) Ophthalmic remarks and recommendations:

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(322) Examiner's declaration:

I hereby certify that I 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	Examiner's name and address (block capitals)	Examiner's AME / specialist stamp with no.
Examiner's signature	Telephone no.	
MED 162 v2.0 February 2023	Page 1 of 2	CAA Reference

Guidance Notes for Vision Care Specialists (Optometrist or Ophthalmologist) on completion of Civil Aviation Authority Comprehensive Ophthalmology Examination Report Form (Med162)

The following offers guidance on completion of the CAA ophthalmology comprehensive examination report form and pilot's/air traffic controller's (ATCO) optical correction requirements. Any fees incurred for the completion of the form are the pilot's/ ATCO's responsibility. If you have any further questions, please contact the applicant's Aeromedical Examiner (AME).

Writing should be legible and in block capitals using a ball-point pen. Completion of this form by either typing or printing is 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 AME, optometrist or ophthalmology specialist performing the examination and the date of signing.

When completion of form is required

- Class 1 (professional flying) or Class 3 (Air Traffic Control) initial examination. This examination will be carried out at an Aeromedical Centre.
- Class 1 and 3 comprehensive ophthalmological examinations when required (every 2 or 5 years for Class 1 and every 2 or 4 years for Class 3 depending on spectacle prescription).
- Class 2 (recreational flying) initial examination where clinically indicated.

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 AME, optometrist or ophthalmology specialist performing the examination should verify the identity of the applicant. The applicant should then be requested to complete the sections 1, 2, 3, 4, 5, 6, 7, 12 and 13 on the form and then sign and date the consent to release of medical information (Section 301) with the examiner countersigning as witness.

Section

- (1) State applied to: UK
- (2) Class of medical certificate applied for: 1, 2 or 3
- (12) Application: 'Initial' or 'Revalidation/Renewal' for Class 1 or 3, 'Initial' for Class 2.
- (13) Applicant's CAA Reference Number: Leave blank if applicant does not know it.
- (302) 'Initial' or 'Revalidation/Renewal' for Class 1 or 3, 'Initial' for Class 2. Special referral for non-routine assessment of an ophthalmological symptom or finding.
- (303) Complete any relevant history / symptoms.
- (304-311) Tick normal / abnormal – any abnormal findings to be recorded in (321). Note that slit lamp examination is required for Class 1 and 3, and values for convergence and accommodation should always be recorded.
- (312) Phoria / tropia numerical values should be entered. Fusional reserve testing should be conducted only if clinically indicated.
- (313) Ishihara plates (24 plate version, test first 15 plates in a random order, record any errors made) required for initial Class 2, conducted only on clinical indication for Class 1 or 3 renewal. Advanced colour perception testing (CAD test accepted by UK CAA) is usually only required for initial assessment unless indicated by change in applicant's colour perception.
- (314) Enter visions and corrected visual acuities. Note that acuity is recorded as the last complete correct Snellen line. (minimum requirements for Class 1: 6/9 monocularly, 6/6 binocularly, Class 2: 6/12 monocularly, 6/9 binocularly). If correction not worn or required, put line through corrected vision boxes. Distance acuities to be tested at 6 m with the appropriate backlit or computer-generated Snellen chart calibrated for that distance. If possible, letters should be changed/randomised between eyes.
- (315) Minimum requirement N14 (enter values for corrected and uncorrected).
- (316) Minimum requirement N5 (enter values for corrected and uncorrected).
- (317) Result of today's refraction.
- (318) Indicate type of glasses worn, i.e., single vision distance, single vision near, varifocal, bifocal or trifocal. These are all acceptable provided well tolerated. Pilots/ATCOs requiring correction for distance vision must also carry a spare pair of similarly correcting spectacles. One pair of spectacles must be without tint; however, the second pair can be tinted. A neutral (graduated) tint is recommended with absorption up to 80%. Polarised and photochromic lenses are not recommended. Anti-reflection coatings are acceptable. Blue light filters are not recommended. For single vision near correction, a ½ eye frame style is required (full frame near correction is not acceptable unless for ATCOs carrying out radar or enroute only duties). For all other spectacle correction, a full frame with thin sides is recommended.
- (319) Indicate type of contact lenses worn (if applicable), i.e., soft disposable, soft, gas permeable, hard. Contact lenses must be single vision for distance correction. The pilot/ATCO must show good tolerance and wearing times for aviation use. If the applicant is a new contact lens wearer, please indicate wearing times and length of time since initial fit. The following types of contact lens correction are NOT permitted: bifocal, varifocal, monovision, Ortho-K and cosmetic coloured lenses. All contact lens wearers must carry a pair of similarly correcting spectacles.
- (320) Intra-ocular pressure to be recorded where clinically indicated.
- (321) Record any remarks, abnormal findings and if optical correction is required to meet requirements.
- (322) Examiner (AME, optometrist or ophthalmologist) to sign and stamp form.