



Optometrist Report for Aviation

Pilot/ATCO: If attending an optometry assessment, please ask for the following to be completed by the optometrist, if recorded at the assessment.

NAME: _____

DATE OF ASSESSEMENT: ___/___/___

	6m	1m	N5 @ 30cm
V/A Right			
V/A Left			

	RIGHT	LEFT
FIELDS		
FUNDI		
IOPs		

PRESCRIPTION (IF ISSUED):

	SPH	CYL	AXIS
RIGHT EYE			
LEFT EYE			

Accommodation _____ **Convergence** _____

Optometrist's Stamp: