



## 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:** \_\_\_/\_\_\_/\_\_\_

	Distance Acuity	Distance Acuity	N14@ 1m	N14@ 1m	N5@30-50cm	N5@30-50cm
	Uncorr	Corr	Uncorr	Corr	Uncorr	Corr
<b>Right</b>	6/	6/	Yes/No	Yes/No	Yes/No	Yes/No
<b>Left</b>	6/	6/	Yes/No	Yes/No	Yes/No	Yes/No
<b>Binocular</b>	6/	6/	Yes/No	Yes/No	Yes/No	Yes/No

	RIGHT	LEFT
<b>FIELDS</b>		
<b>FUNDI</b>		
<b>IOP</b>		

**PRESCRIPTION (IF ISSUED):** Type: \_\_\_\_\_

	SPH	CYL	AXIS	Near (add)
<b>RIGHT EYE</b>				
<b>LEFT EYE</b>				

**Accommodation:** \_\_\_\_\_ D

**Convergence:** \_\_\_\_\_ cm

**Optometrist's Stamp:**

