

<b>1. Name</b> <input style="width:95%" type="text"/>	<b>2. CAA client no.</b> <input style="width:95%" type="text"/>
<b>3. Postal address</b> <input style="width:95%" type="text"/>	<b>4. Date of birth</b> <input style="width:20%" type="text"/> / <input style="width:20%" type="text"/> / <input style="width:20%" type="text"/>
<b>5. Certificate(s) applied for</b> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> <input style="width:300px" type="text"/>	
<b>6. Applicant's signature (to be signed in front of examiner)</b> <input style="width:80%" type="text"/> Date <input style="width:20%" type="text"/> / <input style="width:20%" type="text"/> / <input style="width:20%" type="text"/>	

**7. History / family history** of relevant diseases (e.g. diabetes), vision problem (e.g. glaucoma), or surgery (e.g. refractive)

8. Visual activity	Distance (6 m) <small>Class 1 and 3: each 6/9, Binocular 6/6 Class 2: each 6/12, Binocular 6/9</small>			Intermediate (100 cm) <small>Class 1 and 3: std N14</small>			Near (30-50 cm) <small>Class 1, 2 and 3 std N5</small>		
	Right	Left	Both	Right	Left	Both	Right	Left	Both
Uncorrected	6/			N			N		
with main correction	6/			N			N		
Standby correction	6/			N			N		

9. Prescription	Distance			Intermediate			Near		
	Main	Right	Left	Main	Right	Left	Main	Right	Left
Main correction <small>Please specify type of correction used</small>	DS	<input type="text"/>	<input type="text"/>	DS	<input type="text"/>	<input type="text"/>	DS	<input type="text"/>	<input type="text"/>
	DC	<input type="text"/>	<input type="text"/>	DC	<input type="text"/>	<input type="text"/>	DC	<input type="text"/>	<input type="text"/>
	Ax	<input type="text"/>	<input type="text"/>	Ax	<input type="text"/>	<input type="text"/>	Ax	<input type="text"/>	<input type="text"/>
Standby correction <small>Please specify type of correction used</small>	DS	<input type="text"/>	<input type="text"/>	DS	<input type="text"/>	<input type="text"/>	DS	<input type="text"/>	<input type="text"/>
	DC	<input type="text"/>	<input type="text"/>	DC	<input type="text"/>	<input type="text"/>	DC	<input type="text"/>	<input type="text"/>
	Ax	<input type="text"/>	<input type="text"/>	Ax	<input type="text"/>	<input type="text"/>	Ax	<input type="text"/>	<input type="text"/>

**10. Contact Lenses** (if used)

a. Type?  c. Detail any contact lens associated pathology

b. How long in use?

d. Well tolerated? (e.g. long haul flying) Yes  No  e. Fit and Power adequate? Yes  No

**11. Colour perception** – Standard ISHIHARA 24-plate book

a. Are the first 17 plates read with ONE error or less? Yes  No

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Record errors as an 'X' in the appropriate box

b. If NO please provide a full report

12. Muscle balance	13. Other tests																												
<table border="0" style="width:100%"> <tr> <th>Normal</th> <th>If abnormal, please specify dioptres and provide fusional reserves</th> </tr> <tr> <td>a. Cover test <input type="checkbox"/></td> <td></td> </tr> <tr> <td>b. Distance Exo &lt;12 Δ <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Eso &lt;6 Δ <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Hyper &lt;1 Δ <input type="checkbox"/></td> <td></td> </tr> <tr> <td>c. Near Exo &lt;12 Δ <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Eso &lt;6 Δ <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Hyper &lt;1 Δ <input type="checkbox"/></td> <td></td> </tr> </table>	Normal	If abnormal, please specify dioptres and provide fusional reserves	a. Cover test <input type="checkbox"/>		b. Distance Exo <12 Δ <input type="checkbox"/>		Eso <6 Δ <input type="checkbox"/>		Hyper <1 Δ <input type="checkbox"/>		c. Near Exo <12 Δ <input type="checkbox"/>		Eso <6 Δ <input type="checkbox"/>		Hyper <1 Δ <input type="checkbox"/>		<table border="0" style="width:100%"> <tr> <th>Normal</th> <th>If abnormal, please specify</th> </tr> <tr> <td>a. Binocular single vision <input type="checkbox"/></td> <td></td> </tr> <tr> <td>b. Fundi, media and corneas <input type="checkbox"/></td> <td></td> </tr> <tr> <td>c. Visual fields by confrontation <input type="checkbox"/></td> <td></td> </tr> <tr> <td>d. Intraocular pressure / optic nerve <input type="checkbox"/></td> <td></td> </tr> <tr> <td>e. Contrast sensitivity / glare / haze <input type="checkbox"/></td> <td></td> </tr> </table> <p><b>must</b> be checked with all refractive surgery (loss of VA in glare abnormal if more than 2 lines)</p>	Normal	If abnormal, please specify	a. Binocular single vision <input type="checkbox"/>		b. Fundi, media and corneas <input type="checkbox"/>		c. Visual fields by confrontation <input type="checkbox"/>		d. Intraocular pressure / optic nerve <input type="checkbox"/>		e. Contrast sensitivity / glare / haze <input type="checkbox"/>	
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**14. Additional remarks** (comments or further action recommended?)

<p><b>15. Print examiner's name and address</b> <small>(Practice stamp preferred)</small></p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>Telephone number <input style="width:150px" type="text"/></p>	<p><b>16. Client's ID</b> (Indicate the type of photographic ID sighted, serial number and expiry date)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p><b>17. Examiner's declaration</b> I hereby certify that I personally identified and examined the applicant named on this medical report and that this report, with any attached notes, embodies my examination completely and correctly.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Examiner signature <input style="width:150px" type="text"/> Date <input style="width:20px" type="text"/> / <input style="width:20px" type="text"/> / <input style="width:20px" type="text"/></p>
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## SPECIAL EYE REPORT – GUIDANCE FOR APPLICANTS & EXAMINERS

**IMPORTANT:** Please refer to the General Directions (GD's) for instructions regarding the timing and nature of the tests ([www.caa.govt.nz](http://www.caa.govt.nz)). The comments below are intended to provide practical advice to ensure that the report is completed satisfactorily and provides the information necessary for an aeromedical assessment.

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### Purpose of form:

- **Must** be used for Special Vision Examination (as detailed in GD/Gen/02/04 Part 8 and 9) and completed by registered Ophthalmologist or a [CAA credentialed optometrist](#) (NB: registered Ophthalmologist can reside outside NZ).
  - **Should** be used for examination **following replacement of glasses**. Use Sections 8 – 10 as template for all optometrists, credentialed optometrists and ophthalmologists (other sections only as clinically indicated).
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### Applicant notes:

- The Applicant should fill in Sections 1 – 5.
  - The Applicant should sign the form **in front of the Examiner**.
  - The following **MUST** be taken to the examination
    - **Photographic ID** as specified in the GD (for example Passport, Firearm Licence, Driving Licence.)
    - **Glasses and/or contact lenses**, and any stand-by correction which are or may be used when flying.
  - Applicants should be aware that the examination may require dilatation of the pupil with eyedrops. This causes blurring of vision and renders the applicant unable to drive (or fly) for several hours afterwards. It is important to check with the examiner how long the effect might last.
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### Examiner Notes:

- Please **check ID** and witness the **signature** (or get Applicant to re-sign if already signed).
- Advise Applicant of effects of **pupillary dilatation** (if applicable).
- Testing should show the results with correction **actually used**. Likewise, Section 9, the “Prescription” should record refraction actually in use.
- Specify type of **main** and **standby correction** used (i.e. lookover, bifocal, varifocal etc) on the form.
- Even if a different prescription might improve vision, the Report must state results for correction that is used. Any **change of prescription requires retesting**.
- Applicants with distance Visual Acuity of **less than 6/24** uncorrected **must** carry standby glasses. These too must be tested.
- Please ensure “Normal” findings are recorded with a tick. If there are significant findings on examination (e.g. on fundoscopy), please **use a continuation sheet** if needed.
- Please ensure that the examiner’s name and contact details are **legible** too!

Thank you.