

# AIR TRAFFIC CONTROL OFFICER STANDARD EYE EXAMINATION FORM

Name	
DOB	
CAA reference	

Dear Optometrist,

The above named works as an Air Traffic Control Officer (ATCO). We would be grateful if you would perform a standard eye examination (to include Intra-ocular Pressures) and complete the report below.

Vision		Right		Left	
Standard Snellen Test Type	Distant Uncorrected	6/		6/	
	Distant Corrected	6/		6/	
N14 At 100cm	Intermediate Uncorrected	Y	<b>N</b>	Y	<b>N</b>
	Intermediate Corrected	Y	<b>N</b>	Y	<b>N</b>
N5 At 30-50 cm	Near Uncorrected	Y	<b>N</b>	Y	<b>N</b>
	Near Corrected	Y	<b>N</b>	Y	<b>N</b>

Refraction	Right			Left		
	SPH	Cyl	Axis	SPH	Cyl	Axis
Distant						
Near						

Intra-Ocular Pressure	Method Result normal Y <input type="checkbox"/> N <input type="checkbox"/>
Right (mm Hg)	Left (mm Hg)

	Yes	No	Type
Spectacles worn	<input type="checkbox"/>	<input type="checkbox"/>	
Contact lenses worn	<input type="checkbox"/>	<input type="checkbox"/>	

Comments

Optometrist's signature \_\_\_\_\_ Date: \_\_\_\_\_

Optometrist's Stamp