



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: _____ **CAA NUMBER:** _____

DATE OF ASSESSEMENT: ___/___/___

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

	RIGHT	LEFT
FIELDS		
FUNDI		
IOPs		

PRESCRIPTION (IF ISSUED): Type _____

	SPH	CYL	AXIS	NEAR
RIGHT EYE				
LEFT EYE				

Colour vision: Normal/Abnormal

Optometrist's Stamp: