Trafikstyrelsen
Danish Civil Aviation and Railway Authority

OPHTHALMOLOGY EXAMINATION REPORT FORM

Complete this page fully and in block capitals-Refer to instructions for completion

Applicant's details

MEDICAL IN CONFIDENCE

(3) Surname:	(4) Previous surname(s):	Title	(13) Reference number (if applicable)
(5) Forenames:	(6) Date of birth:	(7) Sex Male ☐ Female ☐	(12) Application Initial ☐ Revalidation/Renewal ☐
(1) State applied to:	(2) Medical certificate applied for class 1 ☐ class 2 ☐		

(301) **Consent to release medical information:** I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of the licensing authority, recognising that these documents or electronically stored data, are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, providing that I or my physician may have access to them according to national law. Medical Confidentiality will be respected at all times.

Date: Signature of the applicant: Signature of AME:

(302) Examination Category	(303) Ophthalmological history:	Current spectacles	SPH	CYL	AXIS	VA
Initial ☐		Right eye				
Renewal / Revalidation ☐		Left eye				
Special referral ☐						

Clinical examination

Check each item

		Normal	Abnormal
(304) Eyes, external & eyelids			
(305) Eyes, Exterior (slit lamp, ophth.)			
(306) Eye position and movements			
(307) Visual fields (confrontation)			
(308) Pupillary reflexes			
(309) Fundi (Ophthalmoscopy)			
(310) Convergence	cm		
(311) Accommodation	D		

(312) *Ocular muscle balance* (in prisme dioptres)

Distant at 5m/6m	Near at 30/50 cm
Ortho	Ortho
Eso	Eso
Exo	Exo
Hyper	Hyper
Cyclo	Cyclo
Tropia ☐ Yes ☐ No	Phoria ☐ Yes ☐ No
Fusional reserve testing ☐ Not performed ☐ Normal ☐ Abnormal	

(313) Colour perception

Pseudo-isochromatic plates	Type:
No. of plates:	No. of errors:
Advanced colour perception testing indicated Yes ☐ No ☐ Method:	
Colour SAFE	Colour UNSAFE

Visual acuity

(314) *Distant vision at 5 m/6 m*

	Uncorrected		Spectacles	Contact lenses
Right eye		Corrected to		
Left eye		Corrected to		
Both eyes		Corrected to		

(315) *Intermediate vision at 1 m*

	Uncorrected		Spectacles	Contact lenses
Right eye		Corrected to		
Left eye		Corrected to		
Both eyes		Corrected to		

(316) *Near vision at 30–50 cm*

	Uncorrected		Spectacles	Contact lenses
Right eye		Corrected to		
Left eye		Corrected to		
Both eyes		Corrected to		

(317) *Refraction*	Sph	Cylinder	Axis	Near (add)
Right eye				
Left eye				

Actual refraction examined Spectacles prescription based

(318) *Spectacles*

Yes ☐ No ☐

Type:

(319) *Contact lenses*

Yes ☐ No ☐

Type:

(320) *Intra-ocular pressure*

Right (mmHg)	Left (mmHg)
Method:	

Normal ☐ Abnormal ☐

(321) **Ophthalmic remarks and recommendations:**

{Remarks}

(322) **Examiner's declaration:**

I hereby certify that I/my AME Group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

(323) Place and date:	Ophth. Examiner's Name and Address: (Block Capitals)	AME or Specialist Stamp with No.:
AME signature:	Telephone No.: E mail	

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Instructions for completion of the Ophthalmology Examination Report Form

DADL ATTEST 03.12.01.01

Writing must be in **Block Capitals** using a **ball-point pen** and be **legible.** Exert sufficient pressure to make legible copies. Completion of this form by typing or printing is both acceptable and preferable. If more space is required to answer questions, use a plain sheet of paper bearing the applicant's name, the information, your signature and the date signed. The following numbered instructions apply to the numbered headings on the Ophthalmology Examination Report Form.

NOTICE – Failure to complete the medical examination report form in full as required or to write legibly may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of False or Misleading statements or the withholding of relevant information by an authorised examiner may result in criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

GENERAL – The AME or Ophthalmology specialist performing the examination should verify the identity of the applicant. The applicant should then be requested to complete the sections 1, 2, 3 4, 5, 6, 7, 12 and 13 on the form and then sign and date the **consent to release of medical information** (section 401) with the examiner countersigning as witness.

302 EXAMINATION CATEGORY
Tick appropriate box:

- Initial – Initial examination for either Class 1 or 2; also initial exam. for upgrading from Class 2 to 1 (notate "upgrading" in Section 303).
- Extended Renewal/revalidation – subsequent ROUTINE comprehensive Ophthalmologic examinations.
- Special Referral – NON Routine examination for assessment of an ophthalmologic symptom or finding.

303 OPHTALMOLOGY HISTORY – Detail here any history of note or reasons for special referral.

CLINICAL EXAMINATION – SECTIONS 304-309 INCLUSIVE – These sections together cover the general clinical examination and each of the sections must be checked as Normal or Abnormal. Enter any abnormal findings in Section 321.

310 CONVERGENCE – Enter near point of convergence in cm as measured using RAF Near Point Rule or equivalent. Please also tick whether Normal or Abnormal and enter abnormal findings and comments in Section 321.

311 ACCOMMODATION – Enter measurement recorded in Dioptres using RAF Near Point Rule or equivalent. Please also tick whether Normal or Abnormal and enter abnormal findings and comments in Section 321.

312 OCULAR MUSCLE BALANCE – Ocular Muscle Balance is tested at Distant 5 or 6 m and Near at 30-50 cm and results recorded. Presence of Tropia or Phoria must be entered accordingly and also whether Fusional Reserve Testing was NOT performed and if performed whether normal or not.

313 COLOUR PRCEPTION – Enter type of Pseudo-Isochromatic Plates (Ishihara) as well as number of plates presented with number of errors made by examinee. State whether Advanced Colour Perception Testing is indicated and what methods used (which colour Lantern or Anomaloscopy) and finally whether judged to be Colour Safe or Unsafe. Advanced Colour Perception Testing is usually only required for initial assessment unless indicated by change in applicant's colour perception.

314-316 VISUAL ACUITY TESTING AT 5/6 m, 1m and 30-50 cm – Record actual visual acuity obtained in appropriate boxes. If correction not worn nor required, put line through corrected vision boxes. distant visual acuity to be tested at either 5 or 5 metres with the appropriate chart for that distance.

317 REFRACTION – Record results of refraction. Indicate also whether for Class 2 applicants, refraction details are based upon spectacle prescription.

319 CONTACT LENSES – Tick appropriate box signifying if contact lenses are or are not worn. If worn, state type from the following list: hard, soft, gas-permeable, disposable.

320 INTRA-OCULAR PRESSURE – Enter Intra-Ocular Pressure recorded for right and left eyes and indicate whether normal or not. Also indicated method used – applanation, air etc.

321 OPHTHALMOLOGY REMARKS AND RECOMMENDATIONS – Enter here all remarks, abnormal findings and assessment results. Also enter any limitations recommended. If there is any doubt about findings or recommendations the examiner may contact the AMS for advice before finalising the report form.

322 OPHTHALMOLOGY EXAMINER'S DETAILS – In this section the Ophthalmology examiner must sign the declaration, complete his name and address in block capitals, connect telephone number (and fax if available) and lastly stamp the report with his designated stamp incorporating his AME or specialist number.

323 PLACE AND DATE – Enter the place (town or city) and the date of examination. The date of examination is the clinical examination and not the date of finalisation of the form. If the Ophthalmology examination report is finalised on a different date, enter date of finalisation in Section 321 as "Report finalised on ……..".

Trafikstyrelsen
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Personal Data Protection

According to the general data protection regulation (GDPR), we hereby inform you how we handle the personal data we receive and process about you.

We are the Data Controller - how to contact us

The Danish Civil Aviation and Railway Authority (hereafter the Authorithy) is the Data Controller for the personal data we receive on you. If you have any questions concerning our processing of your personal data by the Authority, you are welcome to contact us or our independent data protection adviser via the contact details below:

Contact details for the Danish Civil Aviation and Railway Authority:
Carsten Niebuhrs Gade 43
1577 København V
Tel.: +45 7221 8800
E-mail: info@trafikstyrelsen.dk
CVR no.: 27186386

Contact details for our data protection adviser:
E-mail: dpo@trafikstyrelsen.dk
Tel.: +45 41780131

Purpose of processing your personal data

The Authority processes personal data for the following purpose:

For the purpose of processing an application for a flight permit

Legal basis for processing your personal data

The legal basis for processing your personal data stems from:

The Cape Town Convention

Categories of personal data

The Authority processes the following categories of personal data on you:

Name, address, aircraft registration, documentation for authorization to sign for the company

Filing of your personal data
The data the Authority may keep on record are regularly forwarded to the Danish National Archives in accordance with the rules of the Danish Archives Act and the provisions laid down by the Danish National Archives. Data we receive that are not subject to the Authority's duty to keep records will be deleted when we no longer need them.

Your rights
According to the Data Protection Regulation, you have a number of rights regarding our processing of your personal data by us. If you want to exercise your rights, please contact us.

Right to see your data
You have the right to see the data we process on you (the right of access to documents), or to apply for access to documents.

Right of correction
You have the right to have incorrect data on you corrected.

Right of deletion
In special circumstances, you have the right to have data we have on you deleted before the date on which we generally delete data. This only applies to data which we are not obliged to record.

You can read more about your rights in the Danish Data Protection Agency's guide to data subject rights at www.datatilsynet.dk.

Complaints to the Danish Data Protection Agency
You have the right to complain to the Danish Data Protection Agency if you are dissatisfied with the manner in which we process your personal data. You can find the Agency's contact details at www.datatilsynet.dk.