

FINLAND

**Applicant's details**

**MEDICAL IN CONFIDENCE**

(1) State applied to:	(2) Class of medical certificate applied for:	Class 1 <input type="checkbox"/>	Class3 <input type="checkbox"/>
(3) Surname:	(4) Previous surname(s):	Class 2 <input type="checkbox"/>	Other <input type="checkbox"/>
(5) Forenames:	(6) Date of birth:	(7) Sex Male <input type="checkbox"/>	(12) Application: Initial <input type="checkbox"/>
		Female <input type="checkbox"/>	Renewal/Revalidation <input type="checkbox"/>
(301) <b>Consent to release of medical information:</b> I hereby authorise the release of all information contained in this report and any or all attachments to the Aeromedical Examiner of the Authority and where necessary to the Aeromedical Section, AMS of another state, recognising that these documents or any other electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the 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 medical examiner (witness)	

(302) Examination category Initial <input type="checkbox"/> Renewal/Revalidation <input type="checkbox"/> Special referral <input type="checkbox"/>	(303) Ophthalmological history:
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**Clinical examination**

Check each item	Normal	Abnormal
(304) Eyes, external and eyelids		
(305) Eyes, Exterior (slit lamp, ophthalmoscopy)		
(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 (5/6 metres)	Near at 30-50 cm
Ortho	Ortho
Eso	Eso
Exo	Exo
Hyper	Hyper
Cyclo	Cyclo
Tropia Yes <input type="checkbox"/> No <input type="checkbox"/>	Phoria Yes <input type="checkbox"/> No <input type="checkbox"/>
Fusional reserve testing: Not performed <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	

(313) *Colour perception*

Pseudoisochromatic plates	Type:
No of plates:	No of errors:
Advanced colour perception testing indicated: Yes <input type="checkbox"/> No <input type="checkbox"/>	Method:
Colour safe <input type="checkbox"/>	Colour unsafe <input type="checkbox"/>

(321) **Ophthalmological remarks and recommendation:**

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(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:	Examiner's name and address: (block capitals)	AME or specialist stamp with No:
Medical examiner's signature:	Telephone:	
	E-mail:	

**Visual acuity**

(314) <i>Distant vision 5 m /6 m</i>	Uncorrected	Glasses	Contact lenses
Right eye			
Left eye			
Both eyes			

(315) <i>Intermediate vision at 1 m</i>	Uncorrected	Glasses	Contact lenses
Right eye			
Left eye			
Both eyes			

(316) <i>Near vision at 30-50 cm</i>	Uncorrected	Glasses	Contact lenses
Right eye			
Left eye			
Both eyes			

(317) <i>Refraction</i>	Sph	Cylinder	Axis	Near (add)
Right eye				
Left eye				
Actual refraction examined <input type="checkbox"/>	Spectacles prescription based <input type="checkbox"/>			

(318) <i>Glasses</i>	(319) <i>Contact lenses</i>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	Type:

(320) *Intraocular pressure*

Right (mmHg)	Left (mmHg)
Method:	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>