RAPORTI I EKZAMINIMIT OFTALMOLOGJIK

OPHTHALMOLOGY EXAMINATION REPORT

COMPLETE THIS PAGE FULLY AND IN BLOCK CAPITALS - REFER TO INSTRUCTIONS PAGES FOR DETAILS

PLOTESOHENI KETE FLETE PLOTESISHT DHE ME SHKRONJA KAPITALE-REFEROJUNI FLATEVE INSTRUKTUESE PER DETAJE

**Medical in Confidence/ Mjekësore ne kofidence**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| (1) State of licence issue: | (2) Class of medical certificate applied for: 1 2 | | | | | | |
| (3) Surname: | (4) Previous surname(s): | | | | (12) Application: | | |
|  |  | Initial  Renewal/Revalidation |
|  |
| (5) Forenames: | (6) Date of birth: | (7) Sex: | | | (13) System reference number: | | |
|  |  | Male  Female |
|  |
| (8) Place and country of birth: | (9) Nationality: | | | | (14) Type of licence applied for: | | |
| (301) **Consent to release of medical information**:  I hereby authorise the release of all information contained in this report and any or all attachments to the Aeromedical Examiner, the Authority and where necessary the Aeromedical Section 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 the national law. Medical Confidentiality will be respected at all times.  Date: Signature of the applicant: Signature of the medical examiner (witness): | | | | | | | |

(302) Examination Category: Initial

Renewal/Reval

Extended

Special referral

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Current spectacles | SPH | CYL | AXIS | VA |
| Right eye |  |  |  |  |
| Left eye |  |  |  |  |

(303) Ophthalmological history:

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) Accomodation | **D** |  |  |

Visual acuity:

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Right eye |  | Corrected to |  |  |
| Left eye |  | Corrected to |  |  |
| Both eyes |  | Corrected to |  |  |

Spectacles

Contact lenses

(315) Intermediate vision (at 1 m)

Spectacles

Contact lenses

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Right eye |  | Corrected to |  |  |
| Left eye |  | Corrected to |  |  |
| Both eyes |  | Corrected to |  |  |

(316) Near vision (at 30-50 cm)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Right eye |  | Corrected to |  |  |
| Left eye |  | Corrected to |  |  |
| Both eyes |  | Corrected to |  |  |

Spectacles

Contact lenses

(312) Ocular muscle balance (in prisme dioptres)

|  |  |
| --- | --- |
| Distant at 5/6 meters | 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 | |

(317) Refraction

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Sph | Cylinder | Axis | Near (add) |
| Right eye |  |  |  |  |
| Left eye |  |  |  |  |
| Actual refraction examined Spectacles prescription based | | | | |

(313) Colour perception

Pseudo-Isochromatic plates

No of plates: **15**

Type: **Ishihara (24 plates)**

No of errors:

(318) Spectacles (319) Contact lenses

Yes No Yes No

Type: Type:

(320) Intra-ocular pressure

Advanced colour perception testing indicated

Method: Colour SAFE Colour UNSAFE

Yes No

Right mmHg Left mmHg

Method:

Normal Abnormal

(321) Ophthalmological remarks and recommendation:

(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 No: | |
| Authorized Medical Examiner's Signature: | |
| **MED 162 14072017** | **Page 1 of 3** | | | **CAA Ref:** | |

Mod.162 – Ed. March.2012

**INSTRUKSIONE PËR PLOTESIMIN E FORMËS SË RAPORTIT TË EKZAMINIMIT OFTALMOLOGJIK.**

**INSTRUCTIONS FOR COMPLETION OF THE OPHTHALMOLOGY EXAMINATION REPORT FORM.**

Shkrimi duhet te jete me shkronja kapitale dhe e shkruar me boje qe te lexohet lehtesisht. Plotesimi i kesaj forme nepermjet te shkruarit apo te shkruarit ne kompjuter eshte ne te dy menyrat e pranueshme dhe e prefereushme,

If more space is required to answer any question, 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 Medical Examination Report Form.

**SHENIME** –Shenoni ne kutine perkatese. Deshtimi per te plotesuar Formen e raportit te ekzaminimit mjekesore si kerkohet ose te shkruarit qarte mund te rezultoje ne papranueshmeri te aplokimit ne total dhe mund te coje ne terheqjen e ndonje certifikate mjekesore te leshuar.Berja e deklaratave false ose te gabuara ose mbajtja e informacioneve te caktuara mund te coje ne ndekje penale, mohim te nje aplikimi ose terheqjen e certifikates mjekesore te dhene.

**TE PERGJITHSHME** – Specialisti Ophthalmolog AME gjate ekzaminimeve duhet te identifikoje aplikantin. Aplikanti duhet te kerkoj eqe te plotesoje seksionet 1, 2, 3, 4, 5, 6, 7, 12 dhe 13ne forme dhe pastaj te firmose e vendos daten dhe pelqimin e dhenies se informacionit (Seksioni 301) me ekzaminuesin si deshmitare.

**(302)** **KATEGORIA E EKZAMINIMIT**– Shenoni kutine perkatese.

Fillestar – Ekzaminime fillestare per te dy klasat si Klasa 1 dhe 2; Gjithashtu Ekzaminime fillestare per marrjen e klases nga klasa 2 ne klasa 1(vereni ‘permiresimin’ ne Seksioni 303).

Rivalidim/Rinjohje – Ekzaminime te vazhdueshme Ophthalmologjike gjitheperfshirese.

Rinjohje e zgjatur l/Rivalidim te ekzaminime te vazhdueshme RUTINE te cilet perfshijne ekzaminimet pergjitheshme Oftalmologjike.

Referime specifike – ekzaminime JO Rutine per vleresimin e simptomave oftalmologjike te gjetura.

**(303) HISTORIA OFTALMOLOGJIKE** – detajoni ketu cdo historik ose shenoni arsye te vecanta per tiu referuar.

**EKZAMINIMI KLINIK – Seksioni (304)-(309) perfshire** – Keto seksione se bashku mbulojne ekzaminimet klinike dhe cdo seksion duhet te plotesohet si normal ose jo Normal. Shenoni ndonje gjetje jo normale ose komentoni ne gjetjet ne Seksionin (321).

**(310) NDRYSHIMI** – Shenoni daten me te aftert te ndryshimit ne cm. Si mase per te perdorurRAF RAF rregullin e pikes me te afert. Ju lutemi te shenoni ne kuti gjithashtu nese eshte Normal apo Jo-normal dhe shenoni gjetjet jonormale dhe komentet per to ne Seksionin (321).

**(311) SISTEMIMIACCOMMODATION** – Shenoni te dhenat e matjeve ne Dioptres duke perdorur RAF rregullin e pikes me te afert ose ekuivalenteenter Ju lutemi te shenoni ne kuti gjithashtu nese eshte Normal apo Jonormal dhe shenoni gjetjet jonormale dhe komentet per to ne Seksionin (321).

**(312) BALANCA E MUSKUJVE OKULAREOCULARE** – Balanca e muskujve okular testohet ne distance 5 apor 6 m dhe per afer ne 30-50 cm dhe rezultatet rregjistrohen. Prezenca e tropise ose Forise duhet te shenohet sipas kushtit nese testimi i rezerves fusionale nuk eshte kryer dhe nese rezulton si normal apo jo.

**(313) PERCEPTIMI OKULAR**– shkruani tipin e pseudo-isokromatik te pjatave (ISHIHARA) po ashtu si edhe numrin e pjatave te prezantuara me numrin e gabimeve te bera nga i egzaminuari .Deklaroni nesese testi i avancuar i perceptimit te ngjyrave eshte treguar dhe cfare metode eshte perdorur(cila ngjyre shfaqet dhe Anomaloskcopia) dhe se fundmi nese gjykohet te jete i sigurt me spktrin e ngjyrave ose jo i sigurt . Testimi i avancuar i perceptimit te ngjyrave zakonisht kerkohet vetem per vleresimet fillestare nese shfaqen ndryshime ne perceptimin e ngjyrave te aplikantit .

**(314)–(316) TESTI I MPREHTESISE TE TE PARIT ne 5/6 ms, 1 m and 30–50 cm**. – Rregjistroni aftesine vizive te fituar ne kutine perkatese. Nese korrektimi nuk kerkohet,vendosni vizen permes kutive te shikimit te korrektuar. Shikueshmeria nga larg te testohet ne 5 ose 6 m me kartat e pershtashme per distance

**(317) REFRAKSIONI** – Rregistroni rezultatet e refraksionit. Tregoni gjithashtu per aplikantet e Klases se II detajet e refraksionit qe jane te bazuara ne pershkrimin e specialaistit.

**(318) SYZE** – Shenoni kutine perkatese nese syzet perdoren ose jo nga aplikantit. Nese perdoren deklaroni nese jane unifokale, bifokal, varifokal ose me shikim te gjithanshem.

**(319) LENTE KONTAKTI**– Shenoni tek kutia e pershtatshme nese nuk ka lente kontakti Nese vihen, shenoni tipin apo formen ne listen perkatese ;lente kontakti te forta, te buta nese vihen apo jo

**(320) PRESIONI NTRA-OKULAR** – Shenoni Presionin Inter-Okular te rregjistruar per syrin e majte e syrin e djathte Enter Intra-Ocular dhe cilesoni nese eshte normal ose jo.Gjithashtu evidentoni metoden e perdorur.

**(321) SHENIM E REKOMANDIME OPHTHALMOLOGJIKE** – Shenoni ketu te gjitha shenimet , gjetjet jo normale dhe rezultatet e vleresimit. Gjithashtu shenoni limitimet e rekomanduara. Nese ka ndonje dyshim per gjetjet apo rekomandimet ekzaminuesi mund te kontaktoje AMS per keshille perpara se te finalizoje formen e raportir.

**(322) DETAJE TE EKZAMINUESIT OPHTHALMOLOGJIK** – Ne kete seksion Ekzaminuesi Oftalmologjik duhet te firmose deklaraten, ploteson emrin dhe adresen ne shkorinja kapitale, Telefonin e kontaktit, dhe fax nese ka dhe se fundi vendos ne roport vulen e cila ka te inkorporuar dhe numrin si specialist AME dhe firmen e tij.

**(323) VENDI E DATA** – Shenoni vendin (qytetin) dhe daten e ekzaminimit. Nese raporti oftalmologjik finalizohet ne nje date te ndryshme nga data e ekzaminimit, shenoni daten e finalizimit ne (321) si ‘ Raporti i finalizuar ne`.

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| **MED 162 14072017** | **Page 1 of 3** | **CAA Ref:** |

***INSTRUCTIONS FOR COMPLETION OF THE OPHTHALMOLOGY EXAMINATION REPORT FORM***

*Writing must be in Block Capitals using a ball-point pen and be legible. Completion of this form by typing or printing is both acceptable and preferable. If more space is required to answer any question, 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 Medical 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 301) 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).*

*Revalidation/Renewal – Subsequent comprehensive Ophthalmological examinations (due to refractive error).*

*Extended Renewal/Revalidation – Subsequent ROUTINE examinations which include comprehensive Ophthalmological examination.*

*Special Referral – NON Routine examination for assessment of an ophthalmological symptom or   
 finding.*

***(303) OPHTHALMOLOGY 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 or comments on findings in Section (321).*

***(310) CONVERGENCE*** *– Enter near point of convergence in cms. 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 ms and Near at 30-50 cms 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 PERCEPTION*** *– 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 ms, 1 m and 30–50 cms****. – 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 6 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.*

***(318) SPECTACLES*** *– Tick appropriate box signifying if spectacles are or are not worn by applicant. If used, state whether unifocal, bifocal, varifocal or look-over.*

***(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 indicate 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 EXAMINERS DETAILS*** *– In this section the Ophthalmology examiner must sign the declaration, complete his name and address in block capitals, contact 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 date of the clinical examination and not the date of finalisation of form. If the Ophthalmology examination report is finalised on a different date, enter date of finalisation on Section (321) as ‘Report finalised on ’.*

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| **MED 162 14072017** | **Page 1 of 3** | **CAA Ref:** |