

# MEDICAL-IN-CONFIDENCE *(After first entry)*

PM 529  
Revised Mar 2005

Department of Defence

## Eye Examination

• **Use only black pen and/or stamps**

Health facility or Defence Force Recruiting Centre
Service
Unit, ship or section
Corps, category or mustering

PFID number <i>(Recruiting use only)</i>	
Employee ID	Rank
Family name	
Given name(s)	
Date of birth	Gender

Encl/Folio

**Visual acuity**

Distance vision		
	Right	Left
Corrected		
Uncorrected		
Near vision <i>(Corrected) (Special Forces applicants only)</i>		
	Right	Left
N5 at 30-50cm		
N14 at 100cm		

**Refractive limits with effective cycloplegia *(Cyclopentolate HCL 1% is to be used)***

	Right	Left
Hypermetropia		
Hypermetropic astigmatism		
Myopia		
Myopic astigmatism		

**Heterophoria**

	Right	Left
Exophoria		
Esophoria		
Hyperphoria		
Hypophoria		

**General physical examination**

	Normal or abnormal	Comments
Fields of vision		
Diseases of the eyelid		
Fundus examination		
External and anterior segment		
	Right	Left
Intraocular pressure (mmHg)		

History of refractive surgery
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**Second appointment *(Required if contact lenses worn)***

	Right	Left
Visual acuity wearing lenses		
Spectacle blur		
Comments		
Recommended MVR MVR 1 <input type="checkbox"/> MVR 2 <input type="checkbox"/> MVR 3 <input type="checkbox"/>		
Signature	Printed name	Ophthalmologist or optometrist
		Date