

Preliminary eye test (for air traffic controller recruitment/selection)

Anyone wishing to become an air traffic controller must meet the medical requirements specified by Eurocontrol in its European Class 3 Medical Certification of Air Traffic Controllers directive. To this end, you must have your eyes tested by an ophthalmologist/optometrist or optician, get them to complete this form in full and include it in your application. You will have to pay for the cost of this examination yourself.

Name	Address
First name	Date of birth

➤ Examination findings

	no	yes	Type of spectacles or contact lenses	
spectacles			<input type="checkbox"/> unifocal	<input type="checkbox"/> half eye
			<input type="checkbox"/> bi-/trifocal	<input type="checkbox"/> progressive
contact lenses			<input type="checkbox"/> unifocal	<input type="checkbox"/> bi-/trifocal (not allowed)
	no	yes	Additional information	
Binocular vision				
Colour perception			Ishihara 24, plates no.1 - 15: error free. <i>(If Ishihara test has not been passed successfully, further testing is required.)</i>	
Ocular operation			Should this question be answered in the affirmative, please add the medical certificate with the findings of your visual acuity examination before the ocular operation and other examination documents to your online application	

➤ Distant vision

	uncorrected		spectacles	contact lenses
R (min 0.7)		corrected to		
L (min 0.7)		corrected to		
Both eyes (min 1.0)		corrected to		

➤ Near vision

30-50 cm	uncorrected		spectacles	contact lenses
R (min 0.6)		corrected to		
L (min 0.6)		corrected to		
Both eyes (min 0.6)		corrected to		

➤ Current visual correction

(wearers of contact lenses, please insert the values for both lenses and glasses)

spectacles	R (OD)	L (OS)	Contact lenses	R (OD)	L (OS)
SPH			SPH		
CYL			CYL		
AX			AX		
ADD			ADD		

Accepted values for spectacles and or contact lenses:

Max. SPH correction +5.0/-6.0 dpt
Max. CYL correction +/-3.0 dpt
Max. Anisométrie 3.0 dpt

➤ Ocular muscle balance:

Normal:	or:	Distant 6 m	Hyper : max. 2 diopres	Eso : max. 10 diopres	Exo : max. 8 diopres
<input type="checkbox"/> Yes		Near 33 cm	Hyper : max. 1 diopres	Eso : max. 8 diopres	Exo : max. 12 diopres

➤ **Relevant medical history:** Defective vision, eye-related illnesses, operations (in the case of surgery to correct defective vision, please include the relevant medical report):

Place and date

Stamp and signature of medical examiner