

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 optician or an ophthalmologist/optometrist. They must complete this form in full and it must be included in your application. The costs for the examination(s) must be carried by you.

| | |
|-------------------|----------------------|
| 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 surgery | | | Should this question be answered in the affirmative, the medical certificate with the findings of your visual acuity examination <i>before</i> the ocular operation, the surgery report, as well as any other examination documents are required by skyguide. Add the 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 dioptres | Eso : max. 10 dioptres | Exo : max. 8 dioptres |
|------------------------------|-----|-------------|----------------------------|---------------------------|---------------------------|
| <input type="checkbox"/> Yes | | Near 33 cm | Hyper : max. 1 dioptres | Eso : max. 8 dioptres | Exo : max. 12 dioptres |

➤ **Relevant medical history:** Defective vision, eye-related illnesses, eye surgery (please include the documents for the eye values *before* surgery & the surgery report)

Place and date

Stamp and signature of medical examiner