

MEDICAL-IN-CONFIDENCE (After first entry)

PM 529
Revised Mar 2005

Department of Defence

Eye Examination

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

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

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

Encl/Folio

Visual acuity

Distance vision	Right	Left
Corrected		
Uncorrected		
Near vision (Corrected) (Special Forces applicants only)	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

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