



U.S. Department
of Transportation
Federal Aviation
Administration

INFORMATION FOR APPLICANT

**OPHTHALMOLOGICAL EVALUATION FOR
GLAUCOMA**

Privacy Act Statement

For Privacy Act Information go to next page.


Paperwork Reduction Act Statement: This form is required for the issuance of a Class 1 Medical Certificate to pilots and flight attendants who are applying for a new or renewed Class 1 Medical Certificate. This form is also required for pilots and flight attendants who are applying for a Class 2 Medical Certificate. The information you provide on this form will be used to determine if you are eligible for a Class 1 or Class 2 Medical Certificate. The information you provide on this form will also be used to determine if you are eligible for a Class 3 Medical Certificate. The information you provide on this form will also be used to determine if you are eligible for a Class 4 Medical Certificate. The information you provide on this form will also be used to determine if you are eligible for a Class 5 Medical Certificate. The information you provide on this form will also be used to determine if you are eligible for a Class 6 Medical Certificate. The information you provide on this form will also be used to determine if you are eligible for a Class 7 Medical Certificate. The information you provide on this form will also be used to determine if you are eligible for a Class 8 Medical Certificate. The information you provide on this form will also be used to determine if you are eligible for a Class 9 Medical Certificate. The information you provide on this form will also be used to determine if you are eligible for a Class 10 Medical Certificate.

Tear off this cover sheet before submitting this form

OPHTHALMOLOGICAL EVALUATION FOR GLAUCOMA

PRIVACY ACT STATEMENT: This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a: The authority for collecting this information is contained in 49 U.S.C. §§ 40113, 44702, 44703, 44709 and 14 C.F.R. Part 67. The principal purpose for which the information is intended to be used is to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. Submission of the data is mandatory, except for the Social Security Number, which is voluntary. Failure to provide all required information will result in our being unable to issue you a certificate and/or rating. The information collected on this form will be included in a Privacy Act System of Records known as DOT/FAA 847, titled "Aviation Records on Individuals" and will be subject to the routine uses published in the System of Records Notice (SORN) for DOT/FAA 847 (see www.dot.gov/privacy/privacyactnotices), including:

- (a) Providing basic airman certification and qualification information to the public upon request; examples of basic information include:
- The type of certificates and ratings held, limitations, date of issuance and certificate number;
 - The status of the airman's certificate (i.e., whether it is current or has been amended, modified, suspended or revoked for any reason);
 - The airman's home address, unless requested by the airman to be withheld from public disclosure per 49 U.S.C. 44703(c);
 - Information relating to an airman's physical status or condition used to determine statistically the validity of FAA medical standards; and the date, class, and restrictions of the latest physical
 - Information relating to an individual's eligibility for medical certification, requests for special issuance, and requests for review of certificate denials.
- (b) Using contact information to inform airmen of meetings and seminars conducted by the FAA regarding aviation safety.
- (c) Disclosing information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities.
- (d) Providing information about airmen to Federal, State, local and tribal law enforcement agencies when engaged in an official investigation in which an airman is involved.
- (e) Providing information about enforcement actions, or orders issued thereunder, to Federal agencies, the aviation industry, and the public upon request.
- (f) Making records of delinquent civil penalties owed to the FAA available to the U.S. Department of the Treasury and the U.S. Department of Justice (DOJ) for collection pursuant to 31 U.S.C. 3711(g).
- (g) Making records of effective orders against the certificates of airmen available to their employers if the airmen use the affected certificates to perform job responsibilities for those employers.
- (h) Making airman records available to users of FAA's Safety Performance Analysis System (SPAS), including the Department of Defense Commercial Airlift Division's Air Carrier Analysis Support System (ACAS) for its use in identifying safety hazards and risk areas, targeting inspection efforts for certificate holders of greatest risk, and monitoring the effectiveness of targeted oversight actions.
- (i) Making records of an individual's positive drug test result, alcohol test result of 0.04 or greater breath alcohol concentration, or refusal to submit to testing required under a DOT-required testing program, available to third parties, including current and prospective employers of such individuals. Such records also contain the names and titles of individuals who, in their commercial capacity, administer the drug and alcohol testing programs of aviation entities.
- (j) Providing information about airmen through the Civil Aviation Registry's Comprehensive Airmen Information System to the Department of Health and Human Services, Office of Child Support Enforcement, and the Federal Parent Locator Service that locates noncustodial parents who owe child support. Records in this system are used to identify airmen to the child support agencies nationwide in enforcing child support obligations, establishing paternity, establishing and modifying support orders and location of obligors. Records listed within the section on Categories of Records are retrieved using Connect: Direct through the Social Security Administration's secure environment.
- (k) Making personally identifiable information about airmen available to other Federal agencies for the purpose of verifying the accuracy and completeness of medical information provided to FAA in connection with applications for airman medical certification.
- (l) Making records of past airman medical certification history data available to Aviation Medical Examiners (AMEs) on a routine basis so that AMEs may render the best medical certification decision.
- (m) Making airman, aircraft and operator record elements available to users of FAA's Skywatch system, including the Department of Defense (DoD), the Department of Homeland Security (DHS), DOJ and other authorized Federal agencies, for their use in managing, tracking and reporting aviation-related security events.
- (n) Other possible routine uses published in the Federal Register (see Prefatory Statement of General Routine Uses for additional uses (65 F.R. 19477-78) For example, a record from this system of records may be disclosed to the United States Coast Guard (Coast Guard) and to the Transportation Security Administration (TSA) if information from this system was shared with either agency when that agency was a component of the Department of Transportation (DOT) before its transfer to DHS and such disclosure is necessary to accomplish a DOT, TSA or Coast Guard function related to this system of records.

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|---|------|--------------------------------------|----------------------------|
|  OPHTHALMOLOGICAL EVALUATION FOR GLAUCOMA U.S. DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION | | 1. DATE | |
| 2A. NAME OF AIRMAN (Last, First, Middle) | | 2B. DATE OF BIRTH (Month, Day, Year) | 2C. SEX (M or F) |
| 3. ADDRESS OF AIRMAN (No. Street, City, State, Zip Code) | | | |
| 4. HISTORY -- Record pertinent history, past and present, concerning general health and visual problems. | | | |
| 5. FAMILY HISTORY OF GLAUCOMA | | | |
| 6. Diagnosis | | | |
| A. TYPE (Check One) <input type="checkbox"/> Simple, Wide Angle, Open <input type="checkbox"/> Closed Angle, Narrow Angle. Angle Closure | | | |
| B. DISCOVER -- e.g., routine examination, FAA physical examination, acute symptoms, reduction in visual acuity, etc. | | | |
| C. CONFIRMATION -- Tonometric readings, gonioscopy visual fields, tonography, or provocative tests. GIVE METHODS, RESULTS AND DATE CONFIRMED | | | |
| 7. SURGERY | | | |
| A. IF SURGERY HAS BEEN PERFORMED, INDICATE WHICH EYE AND TYPE OF SURGERY. | | | |
| B. IS SURGERY ANTICIPATED WITHIN 24 MONTHS? <input type="checkbox"/> YES, PROBABLE <input type="checkbox"/> NO, NOT LIKELY | | | |
| 8. INITIAL RESPONSE TO THERAPY -- Indicate results including strength, frequency and type of medication used at that time. | | | |
| 9. PRESENT TREATMENT -- Indicate exact type, strength, frequency, and name of medication being used. | | | |
| 10. ADEQUACY OF CONTROL | | | |
| A. DESCRIBE PRIOR CONTROL, INCLUDING SERIAL TONOMETRIC FINDINGS, CHANGES IN VISUAL FIELDS, ETC. | | | |
| B. MAXIMUM INTRAOCULAR PRESSURES IN RELATIONSHIP TO DAILY MEDICATION (If known). | | | |
| C. INTRACOCULAR PRESSURE | | | |
| O.D. | O.S. | TEST METHOD USED | TIME SINCE LAST MEDICATION |

NOTE -- Pressures should NOT be taken within 2 hours after use of medication unless 10.B. is completed.

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|---|------------------|----------------------|-------|--|-----------|-------|
| 11. FIELD OF VISION -- Record physiological and any pathological peripheral or central visual field losses from a perimeter and/or tangent screen using white test object -- <i>SUBMIT OR ATTACH CHARTS</i> | | | | | | |
| A. DID EXAMINEE WEAR GLASSES OR CONTACT LENSES DURING TEST? (Specify which) | | | | B. SIZE OF TEST OBJECT USED WITH TANGENT SCREEN | | |
| 12. VISUAL ACUITY -- Record (<i>Use Snellen linear values</i>) | | | | | | |
| A. DISTANT | TEST METHOD USED | UNCORRECTED | | | CORRECTED | |
| | | O. D. | O. S. | O. U. | O. D. | O. S. |
| B. NEAR | TEST METHOD USED | UNCORRECTED | | | CORRECTED | |
| | | O. D. | O. S. | O. U. | O. D. | O. S. |
| C. INTERMEDIATE (32 INCHES) | TEST METHOD USED | UNCORRECTED | | | CORRECTED | |
| | | O. D. | O. S. | O. U. | O. D. | O. S. |
| D. IMPORTANT -- If correction is needed and there is inability to correct either eye to 20/20 or better, give reasons. | | | | | | |
| 13. PRESENT CORRECTION | | | | | | |
| DOES AIRMAN WEAR? | | O. D. | | O. S. | | |
| <input type="checkbox"/> GLASSES <input type="checkbox"/> CONTACT LENSES | | SPHERE-CYLINDER AXIS | | SPHERE CYLINDER AXIS | | |
| | | | | | | |
| 14. PUPILS -- Statement of relative size and reaction of the pupils to accommodation and light, with special reference to any disease process, healed or active | | | | | | |
| 15. OPHTHALMOSCOPIC -- Describe any variations from normal in either eye on fundoscopic examinations, with special reference to any disease process, healed or active. | | | | | | |
| 16. SLIT LAMP -- Record results of slit lamp examination of each eye where indicated. | | | | | | |
| 17. FUSION -- Estimate fusion ability and state methods used in examination | | | | | | |
| 18A. TYPED NAME AND ADDRESS OF EYE SPECIALIST | | | | 18B. SIGNATURE OF EYE SPECIALIST | | |