CIVIL AVIATION DEPARTMENT, HONG KONG, CHINA
OPHTHALMOLOGY EXAMINATION REPORT

MEDICAL IN CONFIDENCE

Applicant's details **Please complete all items.**

Surname:	Previous surname(s):		Reference number (if applicable)
Forenames:	Date of birth:	Sex Male ☐ Female ☐	Application Initial ☐ Renewal ☐
HK CAD Licence No:	Class of medical certificate applied for 1 ☐ 2 ☐ 3 ☐		

Consent to release medical information:

Please read the statement below in relation to disclosure of information. The CAD takes the security of your personal information very seriously. Information is only disclosed to persons who are subject to a duty of confidentiality and where there are sufficient security measures in place to protect personal data. If you do not consent to the disclosure of information as described below, you may make representations to plo@cad.gov.hk.

In submitting this application, I am consenting to the disclosure to third parties of all information which I have provided to CAD and that relates to me. I understand that information would only be disclosed to third parties by the CAD for regulatory purposes. This may include providing information to other medical professionals. Administrative workers and/or IT workers who are assisting the CAD with its regulatory functions may also be given access to personal information in the course of their professional duties. This consent shall remain valid so long as I hold or am an applicant for Hong Kong medical certificate.

I hereby authorize the CAD to use information obtained concerning me for the purposes as authorized by law to ensure flight safety, such that CAD will inform the concerned applicant's employer in the event of any invalidity identified for the concerned Medical Certificate. I authorize such information to be disclosed by the CAD to any person from other international jurisdictions who requires such medical information for the purpose of aviation medical certification.

Date: ..... Signature of the applicant: .....

To be completed by the ophthalmologist:

☐ I have checked the applicant's photo ID.

Signature of ophthalmologist (witness): .....

Examination Category	Ophthalmological history:
Initial ☐ Renewal ☐ Special referral ☐	

Clinical examination

Please complete all items		Normal	Abnormal
Eyes, external & eyelids			
Eyes, Exterior (slit lamp, ophth.)			
Eye position and movements			
Visual fields (confrontation)			
Pupillary reflexes			
Optic fundi			
Convergence	cm		
Accommodation	D		

Ocular muscle balance (in prism Dioptres)

Distant at 6 metres	Near at 30-50 cm
Ortho	Ortho
Eso	Eso
Exo	Exo
Hyper	Hyper
Cyclo	Cyclo
Tropia Yes ☐ No ☐	Phoria Yes ☐ No ☐
Fusional reserve testing Not performed ☐ Normal ☐ Abnormal ☐	

Visual acuity

Distant vision at 6m

	Unaided	Glasses	Contact Lenses
Right eye			
Left eye			
Both eyes			

Intermediate vision at 1m using N Type

	Unaided	Glasses	Contact Lenses
Right eye			
Left eye			
Both eyes			

Near vision at 30-50 cm using N Type

	Unaided	Glasses	Contact Lenses
Right eye			
Left eye			
Both eyes			

Refraction	Sph	Cylinder	Axis	Near (add)
Right eye				
Left eye				

Note: Refraction to be examined in cycloplegia at initial examination

Colour perception

Pseudo-isochromatic plates	Type:
No. of plates:	No. of errors:
Lantern testing indicated?	Yes ☐ No ☐
Method:	Result:

Glasses

Yes ☐	No ☐
Type:	

Hard/soft contact lenses

Yes ☐	No ☐
Type:	

Intra-ocular pressure

Right (mmHg)	Left (mmHg)
Method:	Normal ☐ Abnormal ☐

Any ophthalmological operation including laser surgery? Yes ☐ No ☐

If yes, date: ……

type: ……

any of the following:

glare sensitivity or haloing	Yes ☐	No ☐
night vision difficulty	Yes ☐	No ☐
diurnal variation of vision	Yes ☐	No ☐
use of ocular medication	Yes ☐	No ☐
corneal haze	Yes ☐	No ☐
loss of contrast sensitivity/acuity	Yes ☐	No ☐

Refraction and visual acuity measurements at 3 months post-surgery: .....

Refraction and visual acuity measurements at 6 months post-surgery: .....

Contrast sensitivity measurements at 3 months post-surgery: .....

Contrast sensitivity measurements at 6 months post-surgery: .....

Ophthalmological examination findings, remarks and recommendations:

Ophthalmologist's declaration:

I hereby certify that I have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

Place and date:	Ophthalmologist's Name and Address: (Block Capitals)	Clinic Chop/ Stamp:
Ophthalmologist's signature:	Telephone No.: Telefax No.:	

Personal Data Collection Statement

1. Purposes of Collection

The personal data provided by means of this form, including all the supporting documents included in the application, will be used by Civil Aviation Department for the following purposes:

a. Processing of your application in this form;
b. Carrying out relevant provisions of the Civil Aviation Ordinance (Chapter 448) and its subsidiary Orders / Regulations;
c. Assisting in the enforcement of any other Ordinances and Regulations by other Government Bureaux and Departments;
d. For communication purposes between Civil Aviation Department and yourself;
e. For validation and verification of authenticity of your supporting documents in association with the application;
f. For statistics and research purposes on the condition that the resulting statistics or results will not be made available in a form which will identify the data subjects.

It is obligatory for you to supply the personal data as required in this form. If you fail to supply the required data, we may not be able to process your application.

2. Classes of Transferees

The personal data you provided by means of this form may be disclosed to:

a. Other Government Bureaux and Departments for the purposes mentioned in paragraph 1 above;
b. Other Contracting States of the International Civil Aviation Organisation and Civil Aviation Authorities for the purpose mentioned in paragraph 1 above;
c. Other organisations or agencies for execution of their duties as required by Civil Aviation Department.

3. Access to Personal Data

You have a right of access and correction with respect to personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by this form.

4. Enquiries

Enquiries concerning the personal data collected by means of this form, including the making of access and correction, should be addressed to :

Personnel Licensing Office
Flight Standards and Airworthiness Division
Civil Aviation Department Headquarters
1 Tung Fai Road
Hong Kong International Airport
Lantau, Hong Kong

(Attn.: Personnel Licensing Officer)

Anti-bribery Reminder

Anyone, while having dealings of any kind with the Civil Aviation Department (CAD), should not offer advantage to the CAD officers, or else he may commit an offence under section 4(1) and/or section 8 of the Prevention of Bribery Ordinance (Chapter 201 of Laws of Hong Kong), and be liable to a maximum penalty of a fine of $500,000 and imprisonment for 7 years.

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