



U.S. Department  
of Transportation  
Federal Aviation  
Administration

**INFORMATION FOR APPLICANT**

**REPORT OF EYE EVALUATION**

Privacy Act Statement

Information requested on this form is solicited under the authority of Title 49 of the United States Code (Transportation) sections 109(9), 40113(a), 44701-44703, and 44709 (1994) formerly codified in the Federal Aviation Act of 1958, as amended, and Title 14 of the Code of Federal Regulations (CFR), Part 67, Medical Standards and Certification. Submission of this information is mandatory and incomplete submission will result in delay of consideration of or denial of application for an airman medical certificate.

The purpose of this information is to determine whether an applicant meets Federal Aviation Administration medical requirements to hold an airman medical certificate for further consideration under 14 CFR 11.53 and 67.401. It is also used to depict airman population patterns and to update certification procedures and medical standards. The information collected on this form becomes a part of the Privacy Act System of Records DOT/FAA 847, General Air Transportation Records on individuals, and is provided the protection outlined in the system's description as published in the *Federal Register*.

**Paperwork Reduction Act Statement:** Applicants not meeting the distant visual acuity standards and who desire an Authorization for Special Issuance of a Medical Certificate (Authorization) must submit FAA Form 8500-7, Report of Eye Evaluation, for evaluation and determination by the FAA. Submission of information is mandatory. The purpose of this information is to determine whether an applicant meets FAA medical requirements to hold an airman medical certificate for further consideration under Title 14 of the Code of Federal Regulations (CFR) 11.53 and 67.401. Any person who is denied a medical certificate by an aviation medical examiner may appeal to the Federal Air Surgeon under 14 CFR 67.409, Denial of medical certificate. This information is also used to depict airman population patterns and to update certification procedures and medical standards.

If you wish to comment on the accuracy of the estimate or make suggestions for reducing this burden, please direct your comments to the FAA at the following address: Federal Aviation Administration; Aeromedical Certification Division, AAM-300; P.O. Box 26080; Oklahoma City, OK 73126-9922. The public reporting burden for collection of information is estimated to average 15 minutes per response. The agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The paperwork burden associated with this form is currently approved under OMB number 2120-0034.

**Tear off this cover sheet before submitting this form**

U.S. DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION <b>REPORT OF EYE EVALUATION</b>					1. <b>DATE</b>					
2A. <b>NAME OF AIRMAN</b> (Last, First, Middle)				2B. <b>DATE OF BIRTH</b> (Month, Day, Year)		2C. <b>SEX</b> (M or F)				
3. <b>ADDRESS OF AIRMAN</b> (No. Street, City, State, Zip Code)										
4. <b>HISTORY</b> -- Record pertinent history, past and present, concerning general health and visual problems.										
5. <b>HETEROPHORIA</b> -- Record phorias, in prism diopters, with and without best lens correction in place.										
		(1) AT 20 FEET			(2) AT 18 INCHES					
A. WITHOUT CORRECTION		EXO.	ESO.	HYPER.	EXO.	ESO.	HYPER.			
		(1) AT 20 FEET			(2) AT 18 INCHES					
B. WITH CORRECTION (If any)		EXO.	ESO.	HYPER.	EXO.	ESO.	HYPER.			
6. <b>FUSION</b> -- Estimate fusion ability and state methods used in examination . (Red lens, etc.)										
7. <b>PUPILS</b> -- Statement of relative size and reaction of the pupils to accommodation and light, direct and con sensual.										
8. <b>VISUAL FIELDS</b> -- Record results and type of test performed. (Attach field charts, <i>if used</i> ).										
9. <b>OPHTHALMOSCOPIC</b> -- Describe any variations from normal in <i>either eye</i> on funduscopic examination.										
10. <b>SLIT LAMP</b> -- Record results of slit lamp examination of each eye where indicated.										
11. <b>INTRAOCULAR PRESSURE</b> -- Record results and methods used.										
A. <b>METHOD USED</b>				O.D.		O.S.				
12. <b>VISUAL ACUITY</b> (Use Snellen Equivalents)				LENSES USED		CORRECTED VISUAL ACUITY				
A. <b>DISTANT VISION</b>		TEST METHOD	UNCORRECTED			CONTACT LENSES		O.D.	O.S.	O.U.
			O.D.	O.S.	O.U.					
B. <b>NEAR VISION</b> (16 INCHES)		TEST METHOD	UNCORRECTED			CONTACT LENSES ONLY		O.D.	O.S.	O.U.
			O.D.	O.S.	O.U.					
C. <b>INTERMEDIATE VISION</b> (32 INCHES)		TEST METHOD	UNCORRECTED			CONTACT LENSES ONLY		O.D.	O.S.	O.U.
			O.D.	O.S.	O.U.					
					GLASSES					
					GLASSES ONLY					
					GLASSES WITH CONTACTS					
					GLASSES ONLY					
					GLASSES WITH CONTACTS					
<b>NOTE</b> -- If contact lenses are used, corrected near visual acuity should be determined while these lenses are worn, indicate if the contact lenses used ( <i>if any</i> ) were bifocal.										

13. **PRESENT PRESCRIPTION** (*Sphere, cylinder, axis*)

<b>A. CONTACT LENSES</b>		<b>B. GLASSES</b>	
O.D.	O.S.	O. D.	O.S.

*IF CONTACT LENSES ARE NOT USED, OMIT ITEMS 14-19.*

14. **TYPE OF LENSES** (*Corneal, scleral, lenticular, single-cut, bifocal, toric, non-rotating, special shape, etc.*)

15. **EXAMINATION FREQUENCY** -- Indicate frequency of periodic follow up examination.

16. **SYMPTOMS OR ABNORMAL CONDITIONS** -- Note any lacrimation, photophobia, loss of lens, or evidence of corneal injury or edema, etc., requiring treatment and/or interruption of contact lens wearing. State results of slit lamp or biomicroscopic examination of cornea.

17. **PROFESSIONAL EVALUATION** -- Indicate your professional opinion and any other comment or additional observations.

18A. **TYPED NAME AND ADDRESS OF EYE SPECIALIST**

18B. **SIGNATURE OF EYE SPECIALIST**