U.S. Department

of Transportation Federal Avlation Administration INFORMATION FOR APPLICANT

REPORT OF EYE EVALUATION

See Privacy Act Information below.

Paperwork Reduction Act Statement:

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0034. Public reporting for this collection of information is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information.

All responses to this collection of information are required to obtain a certificate under the authority of 14 CFR Parts 61 and 67. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the FAA at: 800 Independence Ave. SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ASP-110.

Tear off this cover sheet before submitting this form

REPORT OF EYE EVALUATION

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 6 7. 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 airmen 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 airmen 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 airmen medical certification.

(1) 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.

OMB Control No. 2120-0034 Expires 8/31/2014

REPO	U.S. DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION					1. DATE	
REPORT OF EYE E			ALUATION				
2A. NAME OF AIRMAN (Last, First, Middle)		28	28. DATE OF BIRTH (Month, Day, Year)		2C. SEX (M or F)		
3. ADDRESS OF AIRMAN (No. Street, City, Stat	le, Zip Code)						
4. HISTORY - Record pertinent past and presen	it history concerni	ng visual problems, e	ye surgical procedu	res, and medical conditions.			
		3.2 m×	A Const Pro				
5. HETEROPHORIA - Record phorias and tropi	as (specify which)	, in prism diopters, wi	th and without best	lens correction in place.			
		(1) AT 20 FEET	(1) AT 20 FEET		(2) AT 16 INCHE	L	
	5.	ESO.	HYPER.	EXO.	ESO.	HYPER.	
A. WITHOUT CORRECTION		(1) AT 20 FEET	2		(2) AT 16 INCHE	· ·	
EX	0.	ESO.	HYPER.	EXO.	ESO.	HYPER.	
B. WITH CORRECTION (If any)		104514125.00	000000000000			10000000000000	
6. FUSION AND EOM - Record fusion ability and	nd method used.	Note presence of stra	ibismus, diplopia, ar	nd/or abnormal extraocular r	notility.		
8. VISUAL FIELDS - Attach field charts, if used	l.						
9. EXTERNAL AND SLIT LAMP EXAM - Reco O.D.	ord results of slit la	Imp exam for each ey	ve. Describe comea	I scars or cataracts, if prese	nt. Describe abnormal	adnexa findings.	
9. EXTERNAL AND SLIT LAMP EXAM - Reca O.D. O.S.	ord results of slit la	amp exam for each ey	ve. Describe comea	I scars or cataracts, if prese	nt. Describe abnormal	adnexa findings.	
O.D. O.S. 10. OPHTHALMOSCOPIC – Describe disc, mar				l scars or cataracts, if prese	nt. Describe abnormal	adnexa findings.	
0.D. 0.S.				I scars or cataracts, if prese	nt. Describe abnormal	adnexa findings.	
O.D. O.S. 10. OPHTHALMOSCOPIC – Describe disc, mar O.D.				l scars or cataracts, if prese			
O.D. O.S. 10. OPHTHALMOSCOPIC – Describe disc, mar O.D. O.S.			d exam performed. JT	I scars or cataracts, if prese		IF APPLICABLE: SPECTACLE LENSES	
O.D. O.S. 10. OPHTHALMOSCOPIC – Describe disc, mar O.D. O.S. 11. VISUAL ACUITY (Use Snellen Equivalents)		retina. State if dilate	d exam performed. JT		CHECK	IF APPLICABLE: SPECTACLE	
O.D. O.S. 10. OPHTHALMOSCOPIC – Describe disc, mar O.D.	cula, vessels, and	retina. State if dilate	d exam performed. JT		CHECK	IF APPLICABLE: SPECTACLE	
O.D. O.S. 10. OPHTHALMOSCOPIC – Describe disc, mar O.D. O.S. 11. VISUAL ACUITY (Use Snellen Equivalents) A. DISTANT VISION	cula, vessels, and	retina. State if dilate	d exam performed. JT		CHECK	IF APPLICABLE: SPECTACLE	
O.D. O.S. 10. OPHTHALMOSCOPIC – Describe disc, mar O.D. O.S. 11. VISUAL ACUITY (Use Snellen Equivalents)	Cula, vessels, and O.D. O.S.	retina. State if dilate	d exam performed. JT		CHECK	IF APPLICABLE: SPECTACLE	
O.D. O.S. 10. OPHTHALMOSCOPIC – Describe disc, mar O.D. O.S. 11. VISUAL ACUITY (Use Snellen Equivalents) A. DISTANT VISION	O.D. O.D. O.D.	retina. State if dilate	d exam performed. JT		CHECK	IF APPLICABLE: SPECTACLE	

12. INTRAOCULAR PRESSURE - State	method used.				
O.D.		0.5.			
13. PRESENT PRESCRIPTION (Sphere, cylinder, axis) A. CONTACT LENSES B. SPECTACLE LENSES					
O.D.	0.5.	O.D.	0.S.		
13A. DESCRIBE TYPE OF CONTACT LEN	SES USED.				
14. EYE SURGERIES – List all procedures	with dates, indications, and sequelae. If catar	act surgery was performed, include type and n	ame of intraocular lens(es) used.		
15. EYE MEDICATIONS - Include dosage	and whether O.D./ O.S / O.U.				
16. PROFESSIONAL EVALUATION - Pro	vide diagnosis, prognosis, comments on other	findings, and recommendations for followup.			
17A. TYPED NAME AND ADDRESS OF EX	YE SPECIALIST	17B. SIGNATURE OF EYE SPECIALIST			
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