

Preliminary eye test (for Air Traffic Controller recruitment/selection)

Anyone wishing to become an Air Traffic Controller must meet the medical requirements specified by Eurocontrol in its European Class 3 Medical Certification of Air Traffic Controllers directive. To this end, you must have your eyes tested by an optician or an ophthalmologist/optometrist. They must complete this form in full and it must be included it in your application. The costs for the examination(s) must be carried by you.

Name:	Address:
First name:	Date of birth:

1 Examination findings

	No	Yes	Type of spectacles or contact lenses		
Spectacles			□ unifocal	☐ half eye	
Speciacies			□ bi-/trifocal	□ progressive	
Contact lenses			□ unifocal	□ bi-/trifocal (not allowed)	
	No	Yes	Additional information		
Binocular vision					
Colour perception			shihara 24, plates no.1 - 15: error free. (If Ishihara test has not been passed successfully, further testing is required.)		
Ocular surgery			Should this question be answered in the affirmative, the medical certificate with the findings of your visual acuity examination before the ocular operation, the surgery report, as well as any other examination documents are required by Skyguide. Add the documents to your online application.		

2 Distant vision

	Uncorrected		Spectacles	Contact lenses
R (min 0.7)		corrected to		
L (min 0.7)		corrected to		
Both eyes (min 1.0)		corrected to		

3 Near vision

30-50 cm	Uncorrected		Spectacles	Contact lenses
R (min 0.7)		corrected to		
L (min 0.7)		corrected to		
Both eyes (min 1.0)		corrected to		

Ref.: COMMISSION REGULATION (EU) 2015/340 of 20 February 2015 laying down technical requirements and administrative procedures relating to air traffic controllers' licenses and certificates pursuant to Regulation (EC) No 216/2008 of the European Parliament and of the Council, amending Commission Implementing Regulation (EU) No 923/2012 and repealing Commission Regulation (EU) No 805/2011 (Text with EEA relevance), Annex IV, medical requirements for ATCO's.



4 Current visual correction

(Wearers of contact lenses, please insert the values for both lenses and glasses)

Spectacles	R(OD)	L(OS)	Contact lenses	R(OD)	L(OS)
SPH			SPH		
CYL			CYL		
AX			AX		
ADD			ADD		

Accepted values for spectacles
and/or contact lenses:
Max. SPH correction +5.0/-6.0 dpt
Max. CYL correction +/-3.0 dpt
Max. Anisométropie 3.0 dpt

5 Ocular muscle balance

Normal:	Distant 6 m	Hyper: max. 2 dioptres	Eso: max. 10 dioptres	Exo: max. 8 dioptres
☐ Yes ☐ No¹	Near 33 cm	Hyper: max. 1 dioptres	Eso: max. 8 dioptres	Exo: max. 12 dioptres

¹ If Normal is "No", values in the columns "Hyper", "Eso", "Exo" are mandatory

6 Relevant medical history

Defective vision, eye-related illnesses, eye surgery (please include the documents for the eye values *before* surgery & the surgery report).

7	Place and date:	Stamp and signature of medical examiner: