

# 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 you must include it in your application. You must pay the cost of the examination(s).

| Last name:  | Address:       |
|-------------|----------------|
| First name: | Date of birth: |

## 1 Examination findings

|                   | No | Yes | Type of spectacles or contact lenses  |                            |  |
|-------------------|----|-----|---|----------------------------|--|
| Spectacles        |    |     | □ monofocal   | □ half-eye                 |  |
| opectucies        |    |     | ☐ multifocal  | □ varifocal                |  |
| Contact lenses    |    |     | □ monofocal   | □ multifocal (not allowed) |  |
|                   | No | Yes | Additional information  |                            |  |
| Binocular vision  |    |     |   |                            |  |
| Colour perception |    |     | Ishihara 24, plates no.1 - 15: identified without errors.   |                            |  |
| Eye surgery       |    |     | If you answer "Yes" to this question, you must provide Skyguide with the medical certificate with the findings of your visual acuity examination before the eye operation, the surgery report and documents relating to any other examinations. Include the documents with your online application. |                            |  |

### 2 Distance 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 air traffic controllers.



## 4 Current vision correction

(Contact lens wearers, please insert the values for both lenses and spectacles)

| 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. anisometropia 3.0 dpt

#### 5 Ocular muscle balance

<sup>1</sup> (If the answer to Normal is "No", you must enter values in the columns "Hyper", "Eso" and "Exo".)

| Normal:     | Distance 6 m | Hyper:<br>max. 2 dioptres | Eso:<br>max. 10 dioptres | Exo:<br>max. 8 dioptres  |
|-------------|--------------|---------------------------|--------------------------|--------------------------|
| Yes □ No¹ □ | Near 33 cm   | Hyper:<br>max. 1 dioptres | Eso:<br>max. 8 dioptres  | Exo:<br>max. 12 dioptres |

#### 6 Relevant medical history

Vision defects, eye-related illnesses, eye surgery (please include the documents showing your visual acuity before surgery and the surgery report).

| 7 | Place and date ophthalmologist | Stamp and signature of the optician or |
|---|--------------------------------|--|
|   |                                |  |