

OPHTHALMOLOGICAL EVALUATION FOR GLAUCOMA

 U.S. DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION		1. DATE 9/11/2026	
2A. NAME OF AIRMAN (Last, First, Middle) CARLSON, JAMES DAVID		2B. DATE OF BIRTH (Month, Day, Year) 09/20/1965	
3. ADDRESS OF AIRMAN (No. Street, City, State, Zip Code) 25 ESSEX ST, NORTH ANDOVER, MA 01845		2C. SEX (M or F) M	
4. HISTORY -- Record pertinent history, past and present, concerning general health and visual problems. Φ			
5. FAMILY HISTORY OF GLAUCOMA No			
6. Diagnosis			
A. TYPE (Check One) ☒ Simple, Wide Angle, Open ☐ Closed Angle, Narrow Angle. Angle Closure			
B. DISCOVER -- e.g., routine examination, FAA physical examination, acute symptoms, reduction in visual acuity, etc. DURING ROUTINE EYE EXAM			
C. CONFIRMATION -- Tonometric readings, gonioscopy visual fields, tonography, or provocative tests. GIVE METHODS, RESULTS AND DATE CONFIRMED IOP < 19(2) : VISUAL FIELD HAS BEEN FULL			
7. SURGERY			
A. IF SURGERY HAS BEEN PERFORMED, INDICATE WHICH EYE AND TYPE OF SURGERY. N/A			
B. IS SURGERY ANTICIPATED WITHIN 24 MONTHS? ☐ YES, PROBABLE ☒ NO, NOT LIKELY			
8. INITIAL RESPONSE TO THERAPY -- Indicate results including strength, frequency and type of medication used at that time. WELL CONTROLLED T LATANOPROST EYE DROPS			
9. PRESENT TREATMENT -- Indicate exact type, strength, frequency, and name of medication being used. Latanoprost on qHS			
10. ADEQUACY OF CONTROL			
A. DESCRIBE PRIOR CONTROL, INCLUDING SERIAL TONOMETRIC FINDINGS, CHANGES IN VISUAL FIELDS, ETC. Stable eye pressure drops since 4/12/22			
B. MAXIMUM INTRAOCULAR PRESSURES IN RELATIONSHIP TO DAILY MEDICATION (If known). Tmax < 26 26			
C. INTRACOCULAR PRESSURE			
O.D. 20	O.S. 20	TEST METHOD USED APPLANATION	TIME SINCE LAST MEDICATION 9 HOURS
NOTE -- Pressures should NOT be taken within 2 hours after use of medication unless 10.B. is completed.			

11. FIELD OF VISION -- Record physiological and any pathological peripheral or central visual field losses from a perimeter and/or tangent screen using white test object -- SUBMIT OR ATTACH CHARTS								
A. DID EXAMINEE WEAR GLASSES OR CONTACT LENSES DURING TEST? (Specify which)				B. SIZE OF TEST OBJECT USED WITH TANGENT SCREEN				
Glasses								
12. VISUAL ACUITY -- Record (Use Snellen linear values)								
A. DISTANT	TEST METHOD USED	PROJECTOR	UNCORRECTED			CORRECTED		
			O. D.	O. S.	O. U.	O. D.	O. S.	O. U.
			20/25	20/300	20/25	20/20	20/20	20/20
B. NEAR	TEST METHOD USED	ROSENBAUM POCKET VISION SCREEN	UNCORRECTED			CORRECTED		
			O. D.	O. S.	O. U.	O. D.	O. S.	O. U.
			20/50	20/25	20/25	20/20	20/20	20/20
C. INTERMEDIATE (32 INCHES)	TEST METHOD USED	/	UNCORRECTED			CORRECTED		
			O. D.	O. S.	O. U.	O. D.	O. S.	O. U.
D. IMPORTANT -- If correction is needed and there is inability to correct either eye to 20/20 or better, give reasons.								
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13. PRESENT CORRECTION								
DOES AIRMAN WEAR?		O. D.		O. S.				
		SPHERE-CYLINDER AXIS		SPHERE CYLINDER AXIS				
☒ GLASSES ☐ CONTACT LENSES		-25 SP +200 ADD		-3.00-50x095 +200 ADD				
14. PUPILS -- Statement of relative size and reaction of the pupils to accommodation and light, with special reference to any disease process, healed or active								
4mm (Perrla)								
15. OPHTHALMOSCOPIC -- Describe any variations from normal in either eye on fundoscopic examinations, with special reference to any disease process, healed or active.								
Normal								
16. SLIT LAMP -- Record results of slit lamp examination of each eye where indicated.								
Normal Exam ; Micro NERVE CUPPING								
17. FUSION -- Estimate fusion ability and state methods used in examination								
Normal Fusion								
18A. TYPED NAME AND ADDRESS OF EYE SPECIALIST				18B. SIGNATURE OF EYE SPECIALIST				
SAMUEL ALLEN MD 360 MERRIMACK ST LAWRENCE MA 01843								