



Ophthalmological Evaluation for Glaucoma

Medical Form No. 2

1. Date:

2a. NAME OF AIRMAN (Last, First, Middle)

2b. DATE OF BIRTH

2c. GENDER (M or F)

3. ADDRESS OF AIRMAN (No, Street, City, State, Postal Code)

4. HISTORY - Record pertinent history, past and present, concerning general health and visual problems.

5. FAMILY HISTORY OF GLAUCOMA

6. DIAGNOSIS

A. TYPE (*Check one*) ☐ Simple, Wide Angle, Open ☐ Closed Angle, Narrow Angle, Angle Closure

B. DISCOVER - e.g., routine examination, JCAA physical examination, acute symptoms, reduction in visual acuity, etc.

C. CONFIRMATION - Tonometric readings, gonioscopy visual fields, tonography, or provocative test. GIVE METHODS, RESULTS, AND DATE CONFIRMED

7. SURGERY

A. IF SURGERY HAS BEEN PERFORMED, INDICATE WHICH EYE AND TYPE OF SURGERY.

B. IS SURGERY ANTICIPATED WITHIN 24 MONTHS? ☐ YES, PROBABLE ☐ NO, NOT LIKELY

8. INITIAL RESPONSE TO THERAPY - Indicate exact type, strength, frequency, and name of medication being used.

9. PRESENT TREATMENT - Indicate exact type, strength, frequency, and name of medication being used.

10. ADEQUACY OF CONTROL

A. DESCRIBE PRIOR CONTROL, INCLUDING SERIAL TONOMETRIC FINDINGS, CHANGES IN VISUAL FIELDS, ETC.

B. MAXIMUM INTRAOCULAR PRESSURES IN RELATIONSHIP TO DAILY MEDICATION (*if known*)

C. INTRAOCULAR PRESSURE

O.D.

O.S.

TEST METHOD USED

TIME SINCE LAST MEDICATION

NOTE - Pressure 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			
12. VISUAL ACUITY - Record (<i>Use Snellen linear values</i>).							
A. DISTANT	TEST METHOD USED	UNCORRECTED				CORRECTED	
		O.D.	O.S.	O.U.	O.D.	O.S.	O.U.
B. NEAR	TEST METHOD USED	UNCORRECTED				CORRECTED	
		O.D.	O.S.	O.U.	O.D.	O.S.	O.U.
C. INTERMEDIATE	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.							
13. PRESENT CONDITION							
DOES AIRMAN WEAR? ☐ GLASSES ☐ CONTACT LENSES		O.D.		O.S.			
		SPHERE-CYLINDER AXIS		SPHERE-CYLINDER AXIS			
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.							
15. OPHTHALMOSCOPIC - Describe any variations from normal in either eye on funduscopy examinations, with special reference to any disease process, healed or active.							
16. SLIT LAMP - Record results of slit lamp examination of each eye where indicated.							
17. FUSION - Estimate fusion ability and state methods used in examination.							
18a. TYPED NAME AND ADDRESS OF EYE SPECIALIST				18b. SIGNATURE OF EYE SPECIALIST			