

## AME EQUIPMENT AND MEDICAL CONFIDENTIALITY (Updated 12/11/2024)

AMEs must have adequate facilities and equipment for performing the required physical examinations. AMEs shall certify, at the time of designation, prior to conducting any FAA examinations, re-designation, or upon request, that they possess and maintain as necessary the equipment specified below.

Please indicate the items available in your office with a checkmark.

ITEM	SPECIFICATIONS
<b>VISION TESTING</b> <b>1. VISUAL ACUITY</b>	<b>VISUAL ACUITY TESTING:</b> Must have all the following: <input type="checkbox"/> Standard Snellen test for distance visual <b>acuity, with appropriate eye lane</b> and lighting. <input type="checkbox"/> FAA Form 8500-1, Near Vision Acuity Card for near and intermediate vision testing <input type="checkbox"/> Opaque eye occluder
<b>PHORIA TESTING</b>  <input type="checkbox"/> <b>1. A. TESTING EXCEPTION</b>	<b>PHORIA TESTING:</b> Must have at least one option from EACH category: Prisms, Red Maddox Rod, and Eye Muscle Test Light:  Prisms - Must have at least one of the following: <b>To measure heterophoria, must begin with 1 prism diopter and increase to at least 8 prism diopters for BOTH horizontal and vertical.</b> <input type="checkbox"/> Risley rotary prism device <input type="checkbox"/> Prism bars: BOTH horizontal and vertical <input type="checkbox"/> Individual hand prisms <b>Red Maddox Rod</b> - Must have at least one of the following: <input type="checkbox"/> Maddox Rod included in Risley rotary prism device <input type="checkbox"/> Maddox Rod handheld <b>Eye Muscle Test Light</b> - Must have at least one of the following: <input type="checkbox"/> Muscle light <input type="checkbox"/> Ophthalmoscope light <input type="checkbox"/> Penlight 0.5cm in diameter
<input type="checkbox"/> <b>1. B. MANUAL TESTING</b>	Optional substitute: Any commercially available visual acuity and heterophoria- testing device that gives distance and near acuity in Snellen equivalents is acceptable for the equipment listed in 1.A. It is strongly recommended that if using a commercial device, that both a Snellen wall chart and near vision acuity card are available to recheck testing, if needed.  If applicable, check the box below and write the name of the device.  <input type="checkbox"/> I use the following commercially available visual acuity and heterophoria testing device(s) in my office:  Device name: _____

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<p><b>2. COLOR VISION TESTING</b></p> <p><b>Must have in office:</b></p> <p><b>OR</b></p> <p><b>Access to:</b></p> <p><b>OR</b></p> <p><b>Ability to give the applicant a referral for testing with one of the approved color vision tests:</b></p>	<ul style="list-style-type: none"> <li>o <a href="#">City Occupational Colour Assessment &amp; Diagnosis (CAD; AVOT-PRO-US)</a></li> <li>o <a href="#">Rabin Cone Test (RCCT) Air Force/Army/Navy/Coast Guard Version</a></li> <li>o <a href="#">Waggoner Computerized Color Vision Test</a></li> </ul>
<p><b>3. FIELD OF VISION TESTING</b> – must have at least ONE of the following:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Direct confrontation field-testing (must test all 4 quadrants). No equipment required</li> <li><input type="checkbox"/> Wall Target (50-inch square surface made of black felt or dull/matte finish paper; and a 2-mm white test object, which may be a pin with a handle the same color as the wall target.</li> <li><input type="checkbox"/> Visual Field Perimeter (must test all 4 quadrants).</li> </ul>
<p><b>4. OTHER OFFICE EQUIPMENT</b> – must have ALL of the following:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Computer with internet access and printer</li> <li><input type="checkbox"/> Diagnostic instruments necessary to complete FAA exam</li> <li><input type="checkbox"/> Equipment to measure height and weight</li> <li><input type="checkbox"/> Urinalysis Test Strips to test for albumin and sugar</li> </ul> <p>Urine dipstick expiration date on package: _____</p>
<p><b>5. SENIOR AME - SPECIAL EQUIPMENT REQUIRED</b> – must have the following:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Access to electrocardiograph (EKG/ECG) equipment (preferably at your office location)</li> </ul> <p>Brand of ECG equipment _____</p>
<p><b>6. EMPLOYEE AME - SPECIAL EQUIPMENT REQUIRED</b> - must have the following</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Audiometric Equipment. Brand:</b> _____</li> <li><input type="checkbox"/> Calibration date: _____</li> </ul>

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I hereby certify that I possess and maintain as necessary the equipment specified above in my office or available at the designated location below:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Country (if outside the US) \_\_\_\_\_

Telephone Number (Include Area Code): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AND

I hereby certify that I maintain confidentiality of medical records at all times.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ AME number: \_\_\_\_\_