AME EQUIPMENT AND MEDICAL CONFIDENTIALITY (Updated 06/29/2022)

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. (Document is 3 pages.)

1. VISUAL ACUITY AND PHORIA TESTING - Must have ALL in either 1.A. **OR** Exception 1.B.	
☐ **1. A.** **MANUAL TESTING**	**VISUAL ACUITY TESTING:** Must have all of the following: ☐ Standard Snellen Test for distance visual acuity, with appropriate eye lane and lighting. ☐ FAA Form 8500-1, Near Vision Acuity Card for near and intermediate vision testing ☐ Opaque eye occluder **PHORIA TESTING:** Must have at least one option from EACH category: Prisms, Red Maddox Rod, and Eye Muscle Test Light: 1. **Prisms -** Must have at least one of the following: **To measure heterophoria, must begin with 1 prism diopter and increase to at least 8 prism diopters for BOTH horizontal and vertical.** ☐ Risley rotary prism device ☐ Prism bars: BOTH horizontal and vertical ☐ Individual hand prisms 2. **Red Maddox Rod -** Must have at least one of the following: ☐ Maddox Rod included in Risley rotary prism device ☐ Maddox Rod hand held 3. **Eye Muscle Test Light -** Must have at least one of the following: ☐ Muscle light ☐ Ophthalmoscope light ☐ Penlight 0.5cm in diameter
☐ **1. B.** **COMMERCIAL TESTING EXCEPTION**	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. ☐ I use the following commercially available visual acuity and heterophoria testing device(s) in my office: Device name: Click or tap here to enter text.

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2. COLOR VISION TESTING - Must have AT LEAST ONE of the following:

Pseudoisochromatic Plates (PIP)

☐ American Optical Company (AOC), 1965 Edition
☐ AOC-HRR, 2nd edition
☐ Dvorine, 2nd edition
☐ Ishihara (select one below)
☐Concise 14-plate ☐ 24-plate ☐ 38-plate edition
☐ Richmond, 1983 edition, 15-plate
☐ Richmond-HRR

Commercial Vision Testers

☐ Farnsworth Lantern
☐ Keystone Orthoscope
☐ Keystone Telebinocular
☐ OPTEC 900 Color Vision Tester
☐ OPTEC 2000
Model 2000PM, 2000 PAME, 2000P
Must include the 2000-010 Far color perception PIP plate to be approved
☐ OPTEC 2500
☐ Titmus Vision Tester
☐ Titmus i400

3. FIELD OF VISION TESTING – must have at least ONE of the following:

☐ Direct confrontation field-testing (must test all 4 quadrants). No equipment required
☐ 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.
☐ Visual Field Perimeter (must test all 4 quadrants).

4. OTHER OFFICE EQUIPMENT – must have ALL of the following:

☐ Computer with internet access and printer
☐ Diagnostic instruments necessary to complete FAA exam
☐ Equipment to measure height and weight
☐ Urinalysis Test Strips to test for albumin and sugar

Urine dipstick expiration date on package: Click or tap here to enter text.

5. SENIOR AME - SPECIAL EQUIPMENT REQUIRED – must have the following:

☐ Access to electrocardiograph (EKG/ECG) equipment (preferably at your office location)
Brand of ECG equipment Click or tap here to enter text.

6. EMPLOYEE EXAMINER - SPECIAL EQUIPMENT REQUIRED - must have the following:

☐ **Audiometric Equipment. Brand:** Click or tap here to enter text.
☐ Calibration date: Click or tap here to enter text.

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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: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Country (if outside the US): Click or tap here to enter text.

Telephone Number (Include Area Code): Click or tap here to enter text.

Signature: Date: Click or tap here to enter text.

_____

AND

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

Signature: Date: Click or tap here to enter text.

_____

Printed Name: Click or tap here to enter text. AME number: Click or tap here to enter text.