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U.S. Department of Transportation Federal Aviation

Administration

INFORMATION FOR APPLICANT

**REPORT OF EYE EVALUATION** 

See Privacy Act Information below.

## Paperwork Reduction Act Statement:

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All responses to this collection of information are required to obtain a certificate under the authority of 14 CFR Parts 61 and 67. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524.

## Tear off this cover sheet before submitting this form

## **REPORT OF EYE EVALUATION**

PRIVACY ACT STATEMENT: This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a:

The authority for collecting this information is contained in 49 U.S.C. §§ 40113, 44702, 44703, 44709 and 14 C.F.R. Part 6 7. The principal purpose for which the information is intended to be used is to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. Submission of the data is mandatory, except for the Social Security Number, which is voluntary. Failure to provide all required information will result in our being unable to issue you a certificate and/or rating. The information collected on this form will be included in a Privacy Act System of Records known as DOT/FAA 847, titled "Aviation Records on Individuals" and will be subject to the routine uses published in the System of Records Notice (SORN) for DOT/FAA 847 (see www.dot.gov/privacy/privacyactnotices), including:

(a) Providing basic airmen certification and qualification information to the public upon request; examples of basic information include:

• The type of certificates and ratings held, limitations, date of issuance and certificate number;

• The status of the airman's certificate (i.e., whether it is current or has been amended, modified, suspended or revoked for any reason);

• The airman's home address, unless requested by the airman to be withheld from public disclosure per 49 U.S.C. 44703(c);

• Information relating to an airman's physical status or condition used to determine statistically the validity of FAA medical standards; and the date, class, and restrictions of the latest physical

• Information relating to an individual's eligibility for medical certification, requests for special issuance, and requests for review of certificate denials.

(b) Using contact information to inform airmen of meetings and seminars conducted by the FAA regarding aviation safety.

(c) Disclosing information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities.

(d) Providing information about airmen to Federal, State, local and tribal law enforcement agencies when engaged in an official investigation in which an airman is involved.

(e) Providing information about enforcement actions, or orders issued thereunder, to Federal agencies, the aviation industry, and the public upon request.

(f) Making records of delinquent civil penalties owed to the FAA available to the U.S. Department of the Treasury and the U.S. Department of Justice (DOJ) for collection pursuant to 31 U.S.C. 3711(g).

(g) Making records of effective orders against the certificates of airmen available to their employers if the airmen use the affected certificates to perform job responsibilities for those employers.

(h) Making airmen records available to users of FAA's Safety Performance Analysis System (SPAS), including the Department of Defense Commercial Airlift Division's Air Carrier Analysis Support System (ACAS) for its use in identifying safety hazards and risk areas, targeting inspection efforts for certificate holders of greatest risk, and monitoring the effectiveness of targeted oversight actions.

(i) Making records of an individual's positive drug test result, alcohol test result of 0.04 or greater breath alcohol concentration, or refusal to submit to testing required under a DOT-required testing program, available to third parties, including current and prospective employers of such individuals. Such records also contain the names and titles of individuals who, in their commercial capacity, administer the drug and alcohol testing programs of aviation entities.

(j) Providing information about airmen through the Civil Aviation Registry's Comprehensive Airmen Information System to the Department of Health and Human Services, Office of Child Support Enforcement, and the Federal Parent Locator Service that locates noncustodial parents who owe child support. Records in this system are used to identify airmen to the child support agencies nationwide in enforcing child support obligations, establishing paternity, establishing and modifying support orders and location of obligors. Records listed within the section on Categories of Records are retrieved using Connect: Direct through the Social Security Administration's secure environment.

(k) Making personally identifiable information about airmen available to other Federal agencies for the purpose of verifying the accuracy and completeness of medical information provided to FAA in connection with applications for airmen medical certification.

(1) Making records of past airman medical certification history data available to Aviation Medical Examiners (AMEs) on a routine basis so that AMEs may render the best medical certification decision.

(m) Making airman, aircraft and operator record elements available to users of FAA's Skywatch system, including the Department of Defense (DoD), the Department of Homeland Security (DHS), DOJ and other authorized Federal agencies, for their use in managing, tracking and reporting aviation-related security events.

(n) Other possible routine uses published in the Federal Register (see Prefatory Statement of General Routine Uses for additional uses (65 F.R. 19477-78) For example, a record from this system of records may be disclosed to the United States Coast Guard (Coast Guard) and to the Transportation Security Administration (TSA) if information from this system was shared with either agency when that agency was a component of the Department of Transportation (DOT) before its transfer to DHS and such disclosure is necessary to accomplish a DOT, TSA or Coast Guard function related to this system of records.

|   |                       |                         |                                     |                                 | E                       | xpires 12/30/2020 |
|---|-----------------------|-------------------------|-------------------------------------|---------------------------------|-------------------------|-------------------|
| U.S. DEPARTMENT OF TRA  | 1. DATE               |                         |                                     |                                 |                         |                   |
| REPC  | ORT OF EY             | YE EVALUA               | TION                                |                                 |                         |                   |
| 2A. NAME OF AIRMAN (Last, First. Middle)                        |                       |                         | 28. DATE OF BIRTH (Month Day, Year) |                                 | 2C. SEX (M or F)        |                   |
|   |                       |                         |                                     |                                 |                         |                   |
| 3. ADDRESS OF AIRMAN (No. Street, City, State                   | e. Zip Conel          |                         |                                     |                                 |                         |                   |
|   |                       |                         | un autolant arabadu                 |                                 |                         |                   |
| <ol> <li>HISTORY – Record perilment past and present</li> </ol> | nistory concernin     | ng visual problems, e   | ye sulgical procedu                 | ires, and medical conoldons.    |                         |                   |
|   |                       |                         |                                     |                                 |                         |                   |
|   |                       |                         |                                     |                                 |                         |                   |
|   |                       |                         |                                     |                                 |                         |                   |
| 5. HETEROPHORIA - Record pitorias and Iropia                    | s (specify which)     | lu prism diopters, wi   | Ih and without best                 | lens correction in place        |                         |                   |
|   |                       | (1) AT 20 FEET          |                                     |                                 | (2) AT 18 INCHES        |                   |
| EXC   | ).                    | ESO.                    | HYPER.                              | EXO.                            | ESO.                    | HYPER             |
| A. WITHOUT CORRECTION   |                       |                         |                                     |                                 |                         | <u> </u>          |
|   |                       | (1) AT 20 FEET          | Luines                              |                                 | (2) AT 16 INCHES        |                   |
| EXC   | ).                    | ESO.                    | HYPER.                              | EXO,                            | ESO.                    | HYPER.            |
| B. WITH CORRECTION (If any)                                     |                       |                         | -                                   |                                 |                         |                   |
| 6. FUSION AND EOM - Record fusion ability an                    | d method used. I      | Note presence of stra   | blamus, diplopla, a                 | nd/or abnormal extraocular i    | matility.               |                   |
|   |                       |                         |                                     |                                 |                         |                   |
| 7. PUPILS - Statement of relative size and react                | ilon. Specify abn     | ormal function Le. aff  | erent pupillary defe                | cL                              |                         |                   |
|   |                       |                         |                                     |                                 |                         |                   |
|   |                       |                         |                                     |                                 |                         |                   |
| 8. VISUAL FIELDS - Allach field charts, if used.                |                       |                         |                                     |                                 |                         |                   |
|   |                       |                         |                                     |                                 |                         |                   |
|   |                       |                         |                                     |                                 |                         |                   |
|   |                       |                         |                                     |                                 |                         |                   |
| 9. EXTERNAL AND SLIT LAMP EXAM - Reco                           | rd results of sill la | amp exam for each ey    | ve. Describe comes                  | al scars or cataracts, if press | nt. Describe abnomial a | idnexa findings.  |
| 0.0.  |                       |                         |                                     |                                 |                         |                   |
|   |                       |                         |                                     |                                 |                         |                   |
| 0.S.  |                       |                         |                                     |                                 |                         |                   |
|   |                       |                         |                                     |                                 |                         |                   |
| 10. OPHTHALMOSCOPIC - Describe disc, mac                        | ala, yessels, and     | retina, State if ditate | d exam performed.                   |                                 |                         |                   |
| O.D.  |                       |                         |                                     |                                 |                         |                   |
|   |                       |                         |                                     |                                 |                         |                   |
| 0.S.  |                       |                         |                                     |                                 |                         |                   |
|   |                       |                         |                                     |                                 |                         |                   |
|   |                       | WITHOU                  |                                     |                                 | CHECK IF                | APPLICABLE:       |
|   |                       | CORRECT                 |                                     | WITH CORRECTION                 | LENSES                  | LENSES            |
| A. DISTANT VISION   | 0.D.                  |                         |                                     |                                 |                         |                   |
|   | 0.\$.                 | 1                       |                                     |                                 |                         |                   |
| B. NEAR VISION (16 INCHES)                                      | 0.D.                  | -                       |                                     |                                 |                         |                   |
|   | 0.S.                  |                         |                                     |                                 |                         |                   |

NOTE – If contact lenses are used, corrected near visual acuity should be determined while these lenses are worn. State if bifocal or monovision contact lens(es) are used.

0.D.

0.S.

C. INTERMEDIATE VISION (32 INCHES)

OMB Control No. 2120-0034

| 12. INTRAOCULAR PRESSURE - State method   | d used.                                     |  |                                   |  |  |  |  |
|---|---|--|-----------------------------------|--|--|--|--|
| О.Д.  | c   | D.S.   |                                   |  |  |  |  |
| 13. PRESENT PRESCRIPTION (Spharc, cylinder, axis) A. CONTACT LENSES B. SPECTACLE LENSES                                   |   |  |                                   |  |  |  |  |
| 0.D. 0.S.   |   | 0.0.   | 0.\$.                             |  |  |  |  |
| 13A. DESCRIBE TYPE OF CONTACT LENSES U  | JSED.                                       |  |                                   |  |  |  |  |
| 14. EYE SURGERIES List all procedures with d  | dates, Indicetions. and sequelee. If catara | ct surgery was performed. Include type and n | ama of intraocular lens(es) used. |  |  |  |  |
| 15. EYE MEDICATIONS - Include dosage, and t   | whother 0.D./ 0.S / 0.U.                    |  |                                   |  |  |  |  |
|   |   |  |                                   |  |  |  |  |
| 16. PROFESSIONAL EVALUATION - Provide diagnosis, prognosis, comments on other findings, and recommendations for followup. |   |  |                                   |  |  |  |  |
|   |   |  |                                   |  |  |  |  |
|   |   |  |                                   |  |  |  |  |
|   |   |  |                                   |  |  |  |  |
|   |   |  |                                   |  |  |  |  |
|   |   |  |                                   |  |  |  |  |
|   |   |  |                                   |  |  |  |  |
|   |   |  |                                   |  |  |  |  |
|   |   |  |                                   |  |  |  |  |
| 17A. TYPED NAME AND ADDRESS OF EYE SPE  | ECIALIST                                    | 17B. SIGNATURE OF EYE SPECIALIST             |                                   |  |  |  |  |
|   |   |  |                                   |  |  |  |  |
| FAA FORM 8500-7 (12-20) Supersedes Previ  | ious Edition                                |  | NSN: 0052-00-667-3002005          |  |  |  |  |