



OPHTHALMOLOGY EXAMINATION REPORT

Germany

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Medical in Confidence

(1) State applied to: FRANCE	(2) Class of medical certificate applied for: ☒ 1 ☐ 2 ☐ Others		
(3) Surname: FUECHINGER	(4) Previous surname(s): /	(12) Application: ☐ Initial ☒ Renewal/Revalidation	
(5) Forename(s): JEAN MATHIEU	(6) Date of birth: 12/10/1968	(7) Sex: ☒ Male ☐ Female	(13) Reference number: /
(301) Consent to release of medical information: I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of the licensing authority, recognising that these documents or electronically stored data, are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, providing that I or my physician may have access to them according to the national law. Medical Confidentiality will be respected at all times. 30/11/2023   Date: Signature of the applicant: Signature of the medical examiner (witness):			

(302) Examination Category: ☐ Initial ☐ Revalidation ☒ Renewal ☐ Special referral	(303) Ophthalmological history: ASTIGMATIE
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Clinical examination: Check each item		Normal	Abnormal
(304) Eyes, external & eyelids	☒	☐	☐
(305) Eyes, Exterior (slit lamp, ophth.)	☒	☐	☐
(306) Eye position and movements	☒	☐	☐
(307) Visual fields (confrontation)	☐	☐	☐
(308) Pupillary reflexes	☒	☐	☐
(309) Fundi (Ophthalmoscopy)	☒	☐	☐
(310) Convergence	cm	☐	☐
(311) Accommodation	D	☐	☐

(312) Ocular muscle balance (in prisme dioptres)	
Distant at 5/6 meters	Near at 30-50 cm
Ortho	Ortho
Eso	Eso
Exo	Exo
Hyper	Hyper
Cyclo	Cyclo
Tropia ☐ Yes ☐ No	Phoria ☐ Yes ☐ No
Fusional reserve testing ☐ Not performed ☐ Normal ☐ Abnormal	

(313) Colour perception	
Pseudo-Isochromatic plates	Type:
No of plates:	No of errors:
Advanced colour perception testing indicated ☐ Yes ☐ No	
Method: ☐ Colour SAFE ☐ Colour UNSAFE	

Visual acuity:			
(314) Distant vision (at 5m/6m)			
	Uncorrected	Corrected to	Spectacles Contact lenses
Right eye	6/10	12/10	
Left eye	6/10	12/10	
Both eyes	7/10	12/10	

(315) Intermediate vision (at 1 m)			
	Uncorrected	Corrected to	
Right eye		12/10	
Left eye		12/10	
Both eyes		12/10	

(316) Near vision (at 30-50 cm)			
	Uncorrected	Corrected to	
Right eye	P2.8	P2	
Left eye	P2.8	P2	
Both eyes	P2.8	P2	

(317) Refraction				
	Sph	Cylinder	Axis	Near (add)
Right eye	-0.25	-1.25	90°	+2.00
Left eye	-0.50	-1.25	90°	+2.00
☐ Actual refraction examined ☐ Spectacles prescription based				

(318) Spectacles		(319) Contact lenses	
☐ Yes ☐ No	Type:	☐ Yes ☒ No	Type:

(320) Intra-ocular pressure			
Right	15	mmHg	Left 17 mmHg
Method: au			
☐ Normal ☐ Abnormal			

(321) Ophthalmological remarks and recommendation:

(322) Examiner's declaration: I hereby certify that I/my AME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.		
(323) Place and date: Turckheim 30/11/2023	Examiner's Name and Address: (Block Capitals) Docteur Mathias Maguin OPHTALMOLOGISTE RPRS : 10002464252 4, Quai du Dr Pfleger 68230 TURCKHEIM Tél. 03 89 30 21 10 / Fax 03 89 30 21 66	AME or Specialist No:
Authorised Medical Examiner's Signature: 		

**Cabinet médico-chirurgical d'ophtalmologie des Docteurs Mathias Maguin et
Ulla Maguin-Kleinschmidt**

Docteur Mathias Maguin
Maladie et chirurgie des yeux

RPPS 10002464252
Adeli 68104344 4
Consultations sur rendez-vous

Tél : 03 89 30 21 10
Fax : 03 89 30 21 66

secretariat@maguin.org

4, quai du Dr Pfleger

68230 TURCKHEIM

Turckheim, le jeudi 30 novembre 2023

Monsieur FLECKINGER Jean

UNE PAIRE DE LUNETTES + MONTURE :

Progressifs

Œil droit : (90° -1.25) -0.25, Addition +2.00

Œil gauche : (90° -1.25) -0.50, Addition +2.00

FRANCHISE
GÉNÉRALE D'OPTIQUE
H&G WINTZENHEIM SAS
Commerçant indépendant
33 rue Herzog - 68124 WINTZENHEIM
Tél. 03 89 36 60 23 - Fax 03 89 36 60 23
SIRET 881 436 984 00023 - APE 4776A
N° Agrément 88 68268650/2