

1. Name Neill STEPHANSON 2. CAA client no. _____
 3. Postal address 10 WASHER place Te PUKE 3117 4. Date of birth 5/10/1961
 5. Certificate(s) applied for Class 1 Class 2 Class 3 ~~Class 4~~ 6. Applicant's signature (to be signed in front of examiner) _____ Date 5/10/2026

7. History / family history of relevant diseases (e.g. diabetes), vision problem (e.g. glaucoma), or surgery (e.g. refractive) 5/3/2026
Ocular History: Plateau iris configuration

8. Visual activity	Distance (6 m) Class 1 and 3: each 6/9, Binocular 6/6 Class 2: each 6/12, Binocular 6/9			Intermediate (100 cm) Class 1 and 3: std N14			Near (30-50 cm) Class 1, 2 and 3 std N5		
	Right	Left	Both	Right	Left	Both	Right	Left	Both
Uncorrected	6/ 7.5	6	6	N 18	14	14	N 12	12	12
with main correction	6/ 6	6	6	N 10	10	10	N 5	5	5
Standby correction	6/ 7.5	6	6	N 10	10	10	N 5	5	5

9. Prescription	Distance			Intermediate			Near		
	Main	Right	Left	Main	Right	Left	Main	Right	Left
Main correction Please specify type of correction used	<u>Prog</u>	DS +1.00	+0.50	DS			DS		
				DC			DC		
				Ax			Ax		
Standby correction Please specify type of correction used	<u>Look over Pds</u>	DS +3.75	+2.25	DS			DS		
		DC -0.25	-0.25	DC			DC		
		Ax 13	87	Ax			Ax		

10. Contact Lenses (if used) SLU
 a. Type? _____ c. Detail any contact lens associated pathology _____
 b. How long in use? _____
 d. Well tolerated? (e.g. long haul flying) Yes No e. Fit and Power adequate? Yes No

11. Colour perception – Standard ISHIIHARA 24-plate book
 a. Are the first 17 plates read with ONE error or less? Yes No 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
 Record errors as an 'X' in the appropriate box
 b. If NO please provide a full report _____

12. Muscle balance		13. Other tests	
Normal	If abnormal, please specify dioptres and provide fusional reserves	Normal	If abnormal, please specify
a. Cover test	<input checked="" type="checkbox"/>	a. Binocular single vision	<input checked="" type="checkbox"/>
b. Distance Exo <12 Δ	<input checked="" type="checkbox"/>	b. Fundi, media and corneas	<input checked="" type="checkbox"/> <u>Plateau iris configuration</u>
Eso <6 Δ	<input checked="" type="checkbox"/>	c. Visual fields by confrontation	<input checked="" type="checkbox"/>
Hyper <1 Δ	<input checked="" type="checkbox"/>	d. Intraocular pressure / optic nerve	<input checked="" type="checkbox"/>
c. Near Exo <12 Δ	<input checked="" type="checkbox"/>	e. Contrast sensitivity / glare / haze	<input type="checkbox"/>
Eso <6 Δ	<input checked="" type="checkbox"/>	<u>must</u> be checked with all refractive surgery (loss of VA in glare abnormal if more than 2 lines)	
Hyper <1 Δ	<input checked="" type="checkbox"/>		

14. Additional remarks (comments or further action recommended?)
Plateau iris: No aeronautical significance

15. Print examiner's name and address (Practice stamp preferred) David Burn
 PATERSON BURN THAMES
 457 Pollen Street, Thames 3500
 Telephone number 07 869 0420

16. Client's ID (Indicate the type of photographic ID sighted, serial number and expiry date)
NZdrivers # BF365117 exp 19/12/2028

17. Examiner's declaration
 I hereby certify that I personally identified and examined the applicant named on this medical report and that this report, with any attached notes, embodies my examination completely and correctly.
 Examiner signature [Signature] Date 05/03/2026