Date: [Insert Date]

To: Federal Aviation Administration (FAA)
Aeromedical Certification Division
Attention: Aviation Medical Examiner (AME)

Subject: Ophthalmology Clearance for [Pilot Full Name]

Pilot Date of Birth: [DOB]
FAA Reference Number (PI#): [Insert Number if applicable]

To Whom It May Concern,

I have performed a comprehensive ophthalmological evaluation on [Pilot Full Name] on [Date of Exam]. This evaluation was conducted to determine the patient's visual fitness for flight duties in accordance with FAA medical standards.

Clinical Findings:

- **Distant Visual Acuity:** [e.g., 20/20 Right, 20/20 Left, 20/20 Both] (Corrected/Uncorrected)
- **Near Visual Acuity:** [e.g., 20/20 Right, 20/20 Left, 20/20 Both] (Corrected/Uncorrected)
- **Color Vision:** [e.g., Normal/Pass via Ishihara or D-15]
- **Visual Fields:** [e.g., Normal by confrontation/Humphrey Field Analyzer]
- **Intraocular Pressure:** [e.g., OD 14 mmHg, OS 15 mmHg]
- **Ocular Motility:** [e.g., Full, No Diplopia]

Diagnosis/Status:
[Insert diagnosis, e.g., Myopia, Post-LASIK, Glaucoma suspect, or No pathology noted].

Assessment:
The patient's condition is currently stable. There is no evidence of pathology that would interfere with the safe performance of pilot duties. The patient [does/does not] require corrective lenses to meet FAA standards.

Recommendation:
From an ophthalmological standpoint, [Pilot Full Name] is cleared for aviation duties without restrictions.

If you require further clinical data, please feel free to contact my office.

Sincerely,

[Physician Signature]
[Physician Name, M.D./O.D.]
[Board Certification]

[Clinic Name]
[Phone Number]
[Email Address]