

JAR Class 2 (Private pilot) Visual Standards – Initial Examination

The following are the current JAR Class 2 visual standards applied by the UK CAA. Your Aeromedical Examiner (AME) will test you to these standards at your initial Class 2 medical examination. If you wish, you can seek preliminary advice from an optometrist (a vision care specialist at an opticians) who will be able to interpret the standards and examine your eyes to see if you reach them.

Distance Vision

Your visual acuity (your ability to see, tested by reading lines of letters on a chart at 6 metres) must be at least 6/12 in each eye separately and 6/6 using both eyes together, with or without glasses or contact lenses (correction). If you need correction the refractive error must not exceed +5 to -8 dioptres. This is in the most ametropic meridian (taking into account any astigmatism). Astigmatism must not exceed 3.00 dioptres. The difference in correction between each eye (anisometropia) must not be more than 3.00 dioptres. Your AME or optometrist will be able to explain these terms.

If you have substandard vision in one eye due to amblyopia (a 'lazy' eye), you can gain a Class 2 certificate if the visual acuity in the 'bad' eye is no worse than 6/18 and the visual acuity in the 'good' eye is 6/6 or better, which can be with correction. If you do not meet these requirements you should be aware that the [National Private Pilots Licence](#) does allow pilots with monocular vision to fly light fixed wing aircraft.

Near Vision

On the standard near vision eye chart you must be able to read the N5 print between 30 and 50 cm and the N14 print at 100 cm, with or without correction.

Contact Lenses

You may wear contact lenses as a student or private pilot (but not to correct near vision). If you do wear contact lenses, you should bring a report from an optometrist to your initial Class 2 examination, which must include the following:

- your contact lens specification and corrected visual acuity;
- confirmation that you have worn your contact lenses constantly and successfully for over eight hours a day over a period of at least one month.

All gas permeable and hard contact lenses must be removed at least 48 hours before the initial Class 2 medical examination. Any contact lenses should be brought to the examination. Multifocal contact lenses or monovision correction are not acceptable for Class 2 certification.

Refractive Surgery

The CAA does not recommend refractive surgery to gain a medical certificate to fly. The decision to have this type of treatment must be between you and your eye specialist. In fact the certification limits of eye correction with glasses and the limits before refractive surgery are the same (+5 to -8 dioptries), so it is not possible to gain a Class 2 medical certificate by having refractive surgery that you would not have obtained by wearing glasses. However, if you have had refractive surgery, Class 2 certification will be considered at least three months after a LASIK procedure, (provided an assessment including refraction has been carried out at two months post-operatively). Certification can be considered six months after LASEK/PRK for myopia (provided an assessment is carried out at three months post-operatively). Certification is usually possible one year after other types of operation. Please note that:

- the pre-operative refraction must not have exceeded +5 to -8
- an assessment by an eye specialist will be required.
- stability of refraction must be achieved. To show this you will need to obtain a report showing your refraction about a month before your medical exam.
- you must have no problems with glare.

Colour Vision

You will be tested for normal colour vision with Ishihara Test Plates. If you fail these you can still gain a Class 2 certificate, but it will be limited to flying by day only. This limitation can be removed if you pass the Colour Assessment and Diagnosis (CAD) test. If you wish to take this test, you should contact the CAA Medical Department, Gatwick, to get details of the nearest facilities to you.

Eye Function

There must be no acute or chronic disease in the eyes or their surrounding structures. You must have normal fields of vision. You must not suffer from double vision. A disorder of eye muscle balance (such as a squint) may need specialist assessment.

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