



LASER EYE EXAM AUTHORIZATION

Policy The SFSU campus Laser Safety Plan specifies that all laser users, who work with Class 3b and Class 4 lasers, must have a baseline ocular examination before starting work, or at least within the first 30 days.

If any of the tests show an abnormal ocular function, the examining eye care provider may order supplemental testing to ensure an adequate eye assessment before releasing the individual to use Class 3b and 4 lasers.

- Instructions 1. First ask your Laser Supervisor to sign Section A, Enrollment Request. 2. Then bring the signed form to the Laser Safety Officer to authorize the laser eye exam. 3. Contact the eye care provider in the Student Health Service at x8-2304 to book an appointment. There is no charge. 4. Bring this signed authorization form with you to the appointment. 5. Return this form with the eye care provider's signature to the LSO, TH 216.

A. ENROLLMENT REQUEST I would like to add the applicant below to my laser use authorization.

APPLICANT'S NAME printed here

Form fields for First Name, MI, Last Name, and SFSU ID No.

First Name MI Last Name SFSU ID No.

I understand that the applicant may not use a class 3b or Class 4 laser until initial training has been completed and he/she has received medical clearance.

Step 1

Supervisor's Name & Signature here

Signature lines for Laser Supervisor Name, Signature, and Date.

B. LSO APPROVAL The Laser Safety Officer, Linda Vadura, or designee must authorize all laser eye exams paid for under the SFSU Laser Program.

2 The person listed above has been authorized to receive an eye exam for laser users:

Signature and Date lines for Laser Safety Officer or designee.

MEDICAL CLEARANCE STATEMENT

PRE-PLACEMENT EXAM: 3 I recommend release of this individual to use the laser with no restrictions.

- The eye examination for this individual has revealed a predisposition for laser beam injury or an anomaly requiring further investigation.

Before releasing the above individual to use the laser, I recommend one or more of the following:

- Additional Tests (i.e., retinal photography, contrast sensitivity, macular photostress)
Meeting with the Laser Safety Officer discuss the injury or injury potential.
Conditional Clearance:

POST-INJURY EXAM:

- Individual may return to laser work with no conditions.
Individual should refrain from laser work until this date
Additional tests or medical care recommended
Individual may return to work with the following restrictions:

Signature of Eye Exam Provider

OD MD

Date of Eye Exam