



Harvard University *Environmental Health and Safety*

PHYSICS DEPARTMENT PERSONNEL
Instructions for Completing Pre-Assignment Laser Eye
Examination

The Harvard University Health Services Eye Clinic provides baseline eye examinations for laser users of class 3B and 4 laser systems in accordance with the Massachusetts Department of Public Health and Harvard University Radiation Protection Office requirements. They are located at 74 Mt. Auburn Street, Holyoke Center. A baseline laser eye examination must be completed prior to work with class 3B and 4 laser systems.

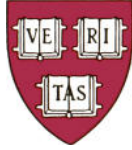
- Complete the examination form, have it signed by supervisor or Principle Investigator and obtain a 33 digit Harvard billing code (the cost is \$100). Federal sponsored funds can be used.
- Schedule an appointment at University Health Services/Eye Clinic **(617) 495-2056**
- After having the eye exam, mail or fax the form with the UHS certification to:

EH&S Radiation Protection Office
46 Blackstone Street
Cambridge, MA 02139
Fax: (617) 496 - 5509

and

fax to Lenny Solomon (617) 495-4902

Harvard University **Environmental Health and Safety Radiation Protection Office**
Tel 617-495-2060 Prompt #2
www.uos.harvard.edu/ehs/rad



Pre-Assignment Laser Eye Examination

I have determined that [_____] will work with or around Class 3B or greater laser systems under my supervision and that a baseline eye examination is required by MA Regulations and ANSI Z136-2000, Appendix E, before work can begin. The examination must include:

- Ocular History
- Visual Acuity
- Amsler Grid Test
- Color Vision
- Ocular Fundus (If any of the above exam results are abnormal)

I understand that the cost of this eye examination will be paid by the employee's department. The following department billing code will be applied to the invoice:

Department Billing Code:

____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Print Supervisor or Principal Investigator's Name:

Department: _____ Telephone: _____

Signature of Supervisor or Principal Investigator:

_____ Date: _____

Completed by University Health Services

I have performed the required eye examination on: _____ and the exam meets requirements for working with lasers.

Signature of Health Care Provider Date:

_____ Date: _____