



## Laser Pre-Assignment Eye Examination Instructions and Form

### Instructions

It is recommended that baseline eye exams be completed before use of a Class 3b and Class 4 laser. Harvard University Health Services Eye Clinic provides baseline eye examinations in accordance with the Massachusetts Department of Public Health and Harvard University Radiation Protection Office requirements. The Eye Clinic is located at 75 Mt. Auburn Street, 5th Floor. To complete a baseline examination:

1. Attend the Laser Safety Training with the Radiation Safety Services. The Laser Safety training is available online at <https://trainingportal.harvard.edu/>.
2. Complete the Laser Eye Exam Form on the next page and have it signed by your Laser Permit Holder/ Principal Investigator or Lab Manager and include the 33 digit department billing code (provided by your department's financial office). Please note you will not be able to schedule the exam without billing information.
3. Schedule an appointment at the University Health Services Eye Clinic: (617) 495-2068
4. Have the clinic fax, mail, or email the completed form, signed by the optometrist, to EH&S Radiation Safety Services at the contact information provided at the bottom of the page.



## Laser Pre-Assignment Eye Examination Form

### Completed by Laser Permit Holder:

I have determined that \_\_\_\_\_, Harvard ID# \_\_\_\_\_ will work with or around Class 3B or greater laser systems under my supervision and that a baseline eye examination is recommended by MA Regulations and ANSI Z136-2014, 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:  
33 Digit Harvard University Department Billing Code:

\_\_\_\_\_

Print Supervisor or Principal Investigator's Name: \_\_\_\_\_

Laser Permit Code (LXXXX): \_\_\_\_\_

Department Telephone: \_\_\_\_\_

Signature of Supervisor or  
Principal Investigator/Laser Permit Holder: \_\_\_\_\_

Date: \_\_\_\_\_

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### Completed by University Health Services:

I have performed the recommended eye examination on (*patient name*)

\_\_\_\_\_ and the exam met requirements for working with lasers.

Signature of Optometrist: \_\_\_\_\_ Date: \_\_\_\_\_

**Eye care provider:** Please return signed form to Radiation Safety Services, 46 Blackstone St., Cambridge, MA 02139, or via email at [Radiation\\_Safety@harvard.edu](mailto:Radiation_Safety@harvard.edu)