

**OCCUPATIONAL HEALTH PROGRAM
BASELINE EYE EXAMINATION FOR
CLASS 3B AND CLASS 4 LASERS**

(To be completed by McGill staff and students)

The baseline eye exam is mandatory for faculty, staff and students prior to the participation in laser work with a Class 3b and Class 4 laser. The examination is offered as a twice yearly clinic by the Environmental Health and Safety Office. The purpose of the baseline eye exam is to establish a baseline against which damage can be measured in the event of an accidental injury.

PARTICIPANT INFORMATION:

<i>Name (Last, First)</i>	<i>McGill ID</i>
<i>Department</i>	<i>Faculty</i>
<i>Title (Dr., Mr., Ms. Etc)</i>	<i>Classification (PI, PDF, Grad., tech, etc)</i> Legend: PI principal investigator PDF post doctoral fellow GRAD graduate student TECH technician UG undergraduate student
<i>Email address</i>	<i>Telephone (local)</i>

SUPERVISOR INFORMATION:

<i>Principal investigator or Supervisor</i>	<i>Email</i>
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I hereby certify that all the information I provided above is true and correct. As well, I have read, understood and complied with the requirements of the *McGill University's' Laser Safety Program* posted on the University's website at <http://www.mcgill.ca/ehs/laboratory/laser-safety> and have been informed and understand the risks associated with working with lasers of Class 3b and Class 4.

Additional Information on Laser Work

a) McGill Laser Safety Training Participation Date: _____

b) List the Laser Classes in Use: _____

c) List prior work experience with Lasers:

Please confirm participation below and sign document.

I hereby agree to :

(Initials)_____ **PARTICIPATE in the *Occupational Health Program (OHP) Baseline Eye Examination* by completing and mailing this form to: *Environmental Health and Safety Office, 3610 McTavish 4th floor, Attn: Kathryn Wiens.***

I will call the OHP Administrator at 514-398-4766 to schedule an appointment for eye testing. I consent that the OHP Nurse communicates with the OHP Administrator regarding my acceptance to work with lasers of Class 3b and 4.

If I miss or cancel my appointment without notifying at least 48 hours in advance, I accept that I will be subjected to a \$60 penalty fee.

Signature

Date (dd-mm-yyyy)