

UNIVERSITY OF DAYTON RESEARCH INSTITUTE
LASER EYE EXAMINATION FORM

This laser eye examination should be administered in accordance with ANSI Standard Z136.1-1993 with results accordingly.

Name: _____ Division or Department: _____

Phone: _____ Location: _____

Immediate Supervisor: _____

Phone: _____ Location: _____

This laser eye examination is for the following Job Environment: (check only one)

1. LASER PERSONNEL

(Persons who work routinely in laser environments.)

All four tests listed below should be administered.

2. INCIDENTAL PERSONNEL

(Persons not working directly with laser devices but working in or around laser environments):

Test for Visual Acuity is required.

Tests	Results	
Ocular History		
Visual Acuity		
Grid Test		
Color Vision		

Were the above test results normal: Yes No

Explanation/Comments: _____

Were tests given in accordance with the examination protocols and the job environment listed? Yes No

Doctors Name: _____

Address _____ Phone _____

Doctor's Signature _____ Date _____

**Please return the original form to:
Lynn Bowman, Caldwell 230
UDRI
300 College Park
Dayton Ohio 45469-0127
229-3841**