

**OCCUPATIONAL HEALTH PROGRAM (OHP)  
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 in the Occupational Health Program clinic in 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	
LAST NAME	FIRST NAME
MCGILL ID	CLASSIFICATION (PI, PDF, Grad, Tech, UG, etc.)
DEPARTMENT	FACULTY
PARTICIPANT EMAIL	TELEPHONE
PRINCIPAL INVESTIGATOR OR SUPERVISOR	SUPERVISOR EMAIL

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
LASER SAFETY TRAINING DATE
LASER CLASSES IN USE
PRIOR WORK EXPERIENCE WITH LASERS

Please confirm participation below and sign document.

*I hereby agree to:*

PARTICIPATE (please initial) \_\_\_\_\_ in the *Occupational Health Program (OHP) Baseline Eye Examination* by completing and mailing this form to:  
*Environmental Health and Safety Office, 3610 McTavish 4<sup>th</sup> floor. Attn: OHP Clinic*  
or  
by completing and e-mailing this form to [ehs@mcgill.ca](mailto:ehs@mcgill.ca)

I consent that the OHP Nurse communicates with the OHP Administrator regarding my acceptance to work with lasers of Class 3b and 4.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date (dd-mm-yyyy)*