

**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 4th floor. Attn: OHP Clinic
or
by completing and e-mailing this form to ohp.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 (d-mmm-yyyy)