

Laser Safety Medical Surveillance Declination Form

**University of Connecticut
Department of Environmental Health and Safety
Laser Safety Program**

I, _____ have been informed of the University of Connecticut policy regarding the opportunity for personnel working in Class 3b or Class 4 laser control areas to have an eye exam. This examination is required prior to working in such areas, following known or suspected laser-related eye injuries, and prior to terminating work with Class 3b or 4 lasers (e.g. leaving the University).

I understand the pre-work medical surveillance eye examination would provide a baseline for comparison in the event of an injury and could also reveal previously existing eye injuries or skin sensitivity conditions that may make me more vulnerable to future laser exposures. Eye examinations, following a known or suspected laser-related eye injury, would serve to determine the presence and extent of injury. Post laser use examinations serve to determine laser-induced eye injuries incurred during service at the University of Connecticut. Nonetheless, I hereby formally decline the examination.

Signed: _____

Dated: _____

Primary Laser Researcher: _____

Department: _____

Send original completed document to:

**Radiation Safety
Department of Environmental Health and Safety
Unit 4097
3102 Horsebarn Hill Road
Storrs, CT 06269**

Laser Safety Medical Surveillance Exam Category:

- Pre-laser use.
- Known or suspected laser-related eye injury.
- Post-laser use (e.g. leaving the University of Connecticut).