

BROOKHAVEN NATIONAL LABORATORY (BNL)
OCCUPATIONAL MEDICINE CLINIC (BNL-OMC)
LASER USER MEDICAL HISTORY AND EXAMINATION FORM
INSTRUCTIONS

Purpose of the attached Form

The purpose of the attached two-part form is to provide BNL-OMC with information necessary to determine that an individual to be cleared as a laser user at BNL has met the medical requirements of ANSI Standard Z136.1-2000 (Appendix E) governing the safe use of lasers.

This standard requires each Class 3B and 4 laser user to have a preassignment eye examination by an ophthalmologist, which is recorded on Part B of the attached form. Based upon medical history and type of laser, a preassignment skin examination may also be required; it is performed by a BNL-OMC physician.

Instructions to BNL Host/Supervisor

Please give this form, as soon as possible, to the prospective laser user. It may be necessary to forward this file since the SBMS links are generally not accessible off site.

Instructions to Laser User

As soon as possible:

1. Contact one of the contracted local ophthalmologists from the list on the next page and request an appointment for a "laser eye exam for Brookhaven Lab." (Note: You may also obtain this exam from a Board Certified Ophthalmologist other than those listed, but BNL cannot guarantee payment—consult with your BNL supervisor or host to discuss payment issues. Note also that no matter which ophthalmologist performs the exam, it must be recorded on Part B of the attached form—see step #4 below.)
2. Complete Part A of the form. This provides BNL-OMC with needed contact and medical information.
3. Give the completed form to your ophthalmologist, including this instruction page, the completed Part A, and the blank Part B.
4. Your ophthalmologist should record his/her examination on Part B of the form and forward the form to BNL-OMC as instructed below.
5. After receipt of the form, BNL-OMC will contact you if additional information or a skin examination is required.

Instructions to Laser User who wishes to submit a recent laser eye exam in lieu of having a new eye exam

A laser user who has already had a laser eye exam can submit this exam to BNL-OMC in lieu of a new laser eye exam. BNL-OMC will then consider whether the submitted exam is acceptable, or whether a new exam will still be required. Generally, to be acceptable, the submitted exam must:

- Be performed by a Board Certified ophthalmologist
- Provide substantially the same information that is requested in Part B of the attached form
- Have been performed within the last 3 years, with no laser eye accidents or changes in vision subsequent to the exam.

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The laser user who wishes to submit a recent laser eye exam for consideration by BNL-OMC must do the following:

1. Fill in Part A of the form.
2. Fax Part A of the form to BNL-OMC at **631 344 7366**, along with the written record of the laser eye exam. (If unable to fax, mail as soon as possible to BNL-OMC at the address below).
3. BNL-OMC will contact you if additional information or examinations are required.

Instructions to Ophthalmologist

1. Please record your laser user eye examination on Part B of the attached form
2. As soon as possible, please fax completed Parts A and B to BNL-OMC at **631 344 7366**. This is a secure, clinic fax that can receive confidential medical information. BNL-OMC's voice number for problems or questions is 631 344 3670.
3. If you cannot fax the completed form, please mail it to:

Occupational Medicine Clinic
Brookhaven National Laboratory
Bldg. 490
Upton NY 11973-5000

Thank you.

Contracted Local Ophthalmologists

Dr. Charles Rothberg
331 East Main
Patchogue, NY 11772
631 758-5300

The Ophthalmic Center
Dr. Basilice
3400 Nesconset Highway
East Setauket, NY 11733
631 751-2020

East End Eye Associates
Dr. Sheren
669 Whiskey Road
Ridge, NY 11961
631 744-8020

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Part A: Laser User Contact Information and Brief Medical History—to be completed by laser user

Name _____ Life/Guest# _____ Date _____

Usual/permanent address _____

Usual/permanent phone # _____ e-mail _____

BNL Address _____ BNL extension _____

Name of BNL Supervisor, sponsor or host _____ BNL extension _____

If at BNL on temporary basis: Expected arrival date _____ Expected departure date _____

What types of lasers will you be working with or near? UV Visible IR Other (Specify) _____

Brief Medical History

Please list current medications _____

Do you have either of the following conditions?

Aphakia (absence of a lens in one or both eyes)

Photosensitivity—unusual sensitivity of the skin or eyes to sunlight or other light.

Please describe, if you checked either of the above:

Laser user signature: _____

Instructions to laser user: After completing Part A, give the entire form, including instructions, Part A and Part B, to the examining ophthalmologist. Exception: If you are submitting a prior laser eye exam to BNL-OMC in lieu having a new exam, submit this page (Part A) along with the record of that exam (see the instruction page for details).

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Part B: To be Completed by Ophthalmologist

Examinee Name _____ Date of Exam _____

Current Complaints: _____

Ocular History: _____

Pertinent Family History: _____

Ocular Examination

Visual Acuity

Far Point

| | Uncorrected | Corrected |
|----|-------------|-----------|
| OD | | |
| OS | | |

Near Point

| | Uncorrected | Corrected |
|----|-------------|-----------|
| OD | | |
| OS | | |

Refraction: _____

Macular Function (by Amsler grid or other pattern): _____

Visual Fields: _____

Color Vision: _____

Intraocular Pressure (if over age 40 or otherwise indicated): OS _____ OD _____

Pupils & Motility: _____

Anterior Segment: _____

Fundus: _____

Impression: _____

Examiner Information

Ophthalmologist Name & Title (printed): _____

Signature _____

Medical License # & State _____ Phone # _____

Office Address _____

- Ophthalmologist: Forward completed Parts A & B to BNL-OMC, Bldg 490, Upton, NY 11973-5000.
- Questions or problems call 631 344-3670.