

Baseline Eye Examinations for Laser Operators

Individuals operating Class 3B or Class 4 lasers are recommended by Occupational Health Safety and Environment to receive a baseline eye exam from the university's provider.

Individuals not operating but working in vicinity of Class 3B or Class 4 lasers should contact OHSE to discuss if a baseline eye exam is required.

If you do not wish to participate in a baseline examination, please contact plagaditis@uvic.ca to complete a waiver form. If you have chosen not to participate, you may reconsider at any time.

Step 1:

After successfully completing the OHSE Laser Safety Training in class course, please fill out the information below and obtain approval from the LSO by emailing plagaditis@uvic.ca

Your name: _____

Supervisor: _____

Laser Class: _____

Location of Laser (*building and room number*): _____

LSO approval: _____

Step 2:

Contact **Uptown Village Optometry** directly at **250-382-2682** to schedule an appointment. When you call let them know you work in the vicinity of Class 3B or 4 lasers at UVic, so the clinic is aware to bill OHSE directly.

The examination will include a medical and ocular history, visual acuity, macular function and colour vision tests.

Step 3:

Please bring the following to your appointment:

- The Consent for Release of Confidential Information document (**page 2**)
- BC Health Card (if applicable),
- And the wavelength of your laser(s).



CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

To: **Uptown Village Optometry Kevin Youck, OD**
107-3450 Uptown Blvd
Victoria BC V8Z 0B9
250-382-2682

I, _____ of _____
(print full name) *(city, province)*

provide consent to Uptown Village Optometry, 107-3450 Uptown Blvd, Victoria, BC, to release written medical information related to my fitness for work to Andy Mavretic, Director for the Department of Occupational Health, Safety and Environment with the University of Victoria.

Dated at _____ on _____
(location) *(date)*

(employee signature) *(witness signature)*

Witness name: _____
(print full name)

PI (Supervisor): _____
(print full name)

Note:

- Witness must be a person other than a party named in this consent,
- Please direct questions regarding the use of this information to Occupational Health, Safety and Environment (ohs@uvic.ca)