

Today's Date: \_\_\_\_\_



STATEMENT DECLINING PRE-PLACEMENT  
EYE EXAM

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Last Four Digits of UID No.: \_\_\_\_\_ Month/Day of Birth \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor/Lab Supervisor (print name): \_\_\_\_\_

Department Phone No. \_\_\_\_\_ Email address: \_\_\_\_\_

I am (check one):  Staff  Student Employee  Other (Explain) \_\_\_\_\_

\_\_\_\_\_ I have been told of the University policy regarding the opportunity for personnel who work in areas where Class 3 or 4 lasers are operating to have eye examinations prior to working in the areas. I understand that the eye examination would provide a baseline for comparison in the event of possible injury and that it might reveal evidence of earlier injuries or of eye conditions which might make it more hazardous to work with lasers. Nonetheless, I decline to have the examination.

THIS STATEMENT DECLINING PRE-PLACEMENT EYE EXAM form to obtain the waiver form which should be printed out and sent to Dramane Konate, 104 HS or faxed to ext 4286