



Argonne Medical Department Laser Eye Examination Form

Part A: Laser user contact information and brief medical history – to be completed by laser user

Name: _____ Badge # _____ Date: _____

Usual/permanent address _____

Usual/permanent phone# _____ e-mail _____

Argonne address _____ Argonne extension _____

Argonne supervisor/sponsor _____ Argonne extension _____

If at ANL temporarily – Arrival date _____ Departure date _____

What type of lasers will you be working with or near?

UV visible IR other (specify) _____

Brief medical history:

Please list current medications: _____

Do you have any 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.



Argonne Medical Department Laser Eye Examination Form

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 and motility: _____

Anterior segment: _____

Fundus: _____

Impression: Normal
 Abnormal _____

Examiner Information

Ophthalmologist name and title: _____

Signature: _____ Medical license#/state: _____

Office address: _____ Phone #: _____

- Argonne employee: Please send/bring parts A & B to the Argonne Medical Dept, 9700 S. Cass Ave, Building 201, Argonne, IL 60439 or Fax to 630-252-6615 to receive your certification - If questions call 630-252-2811.