

Employee Eye Exam Declination Form

My employer, The University of Toledo, has recommended that I receive an eye exam because I will be working in a laser environment. The exam is also recommended by Occupational Safety and Health Administration (OSHA) and The Joint Commission. The exam would be provided at no cost to me.

I understand that I will be working in an environment where there will be lasers in use and potential hazards exist where I may be accidentally exposed to harmful laser light that could result in ocular injury.

Even though I have no known contraindications to receiving an eye exam, I wish to refuse it. I understand that I can change my mind at a later time and accept an eye exam if it is available.

In declining an eye exam I am aware that:

- The purpose of the eye exam is to develop an ocular history, which may also identify conditions that would place me at increased risk to laser exposure.
- Without an ocular history on record, I will have no proof of record that I did not have any preexisting eye injuries, eye disease or visual acuity problems before working with or exposure to lasers or a laser environment at The University of Toledo

I have read and fully understand this declination form and voluntarily elect not to have the recommended eye exam.

Signature

Date

Name (Print)

Department