

Ocular Examination for laser users

Fill in the blanks and print the form. ([Return to Table of Contents](#))

- Patient note: If you have had an eye exam in the past two years it will satisfy UAB medical surveillance requirements. Have your eye care practitioner complete this form, which summarizes the results of your examination. The section II procedures are required to be completed by your examining physician.

Section I: To be filled out by the laser user

Name

Birthdate

Address

Laser type and class

Section II: To be filled out by the examining physician. Required procedures

Examination date Today's date

Last eye exam

History

Chief complaint

Personal ocular history

Family ocular history

Personal systemic health history

Medications/Allergies

Visual Acuity With/without eyeglasses/CLs (circle choice)

Distance OD20/ OS 20/

Current eyeglasses OD

OS

Refraction OD

OS

Amsler Grid (describe and/or enclose)

OD normal/abnormal

OS normal/abnormal

Color Vision

Method D-15/100/Hue/other

Result OD

OS

Binocular vision summary

Anterior segment anomalies

, M.D./D.O.

Examining Physician's Signature
