

OPHTHALMIC SERVICES REQUEST (INITIAL OR EMERGENCY)

TO: CODE 3541	DATE
FROM: CODE	

It is requested that the Ophthalmic services indicated be rendered to:

NAME (Type or print)	RATE OR TITLE	PHONE NO.
DIVISION	BRANCH	SHOP OR SECTION

THE SERVICE REQUESTED IS: (Check appropriate box)

EYE EXAMINATION FOR CORRECTIVE EYEWEAR

REPAIR OR REPLACEMENT OF DAMAGED OR LOST EYEWEAR

OTHER

SIGNATURE (Employee's Supervisor)

CERTIFICATION - to be signed only if request is for corrective (prescription) eyewear:

This is to certify that the above named employee is engaged in eye hazardous work.

Signature, Division or Branch Head

Upon receipt of this request the Safety Officer will arrange an appointment for the above named employee. For further information, call 767-2232.