PRESCRIPTION PROTECTIVE EYEWEAR

DATE

PRIVACY ACT STATEMENT

Information contained on this form is maintained under the Systems of Records Notice, OPM/GOVT-10 Employee Medical File System Records (June 19, 2006, 71 FR 35360) **AUTHORITY**: Executive Orders 12107, 12196, and 12564 and 5 U.S.C. chapters 11, 33, and 63. **PRINCIPLE**: State or local government entity, or a private sector entity under the contract to the employing agency. **PURPOSE**: To provide a method of evaluating quality of health care rendered and job-health-protection including engineering protection provided, protective equipment worn, workplace monitoring, and medical exam monitoring required by OSHA or by good practice. **ROUTINE USE**: Use 'u' under Executive Order 12564. Disclosure: MANDATORY

EMPLOYEE'S NAME (Last, First, M.I.):

Last Exam:

OCCUPATIONAL JOB TITLE:

ORGANIZATION:

OCCUPATIONAL PRESCRIPTION

☐ INITIAL ☐ REPLACEMENT TYPE OF FRAME:

LEVEL OF WORK

☐ BELOW SHOULDERS ☐ ABOVE SHOULDERS

WORKING DISTANCE

☐ NORMAL ☐ OCCASIONAL

APPROVING SUPERVISORS NAME:

DATE:

		SPN	CYL	AXIS	DECENTER	PRISM	BASE
DISTANCE	A						
	L						
ADD FOR NEAR	A		HEIGHT OF SEG.		DEC (R)		SEG SIZE
	L				DEC (L)		SEG SIZE

EYE SIZE	BRIDGE SIZE	FAR P.D.	INTERMEDIATE P.D.	NEAR P.D.	TEMPLE SIZE

☐ BIFOCAL ☐ DOUBLE BIFOCAL ☐ TRIFOCAL ☐ FUSED ☐ ONE PIECE

ALL LENSES WILL BE SAFETY-HEAT-STRENGTHENED OF OPHTHALMIC QUALITY WHICH MEET ANSI STANDARD 237.1

FITTING INFORMATION

SIGNATURE OF PRESCRIBING DOCTOR ADDRESS DATE

STATEMENT

I ACKNOWLEDGE RECEIPT OF THE SAFETY EYEWEAR DESCRIBED HEREIN. I UNDERSTAND THAT THIS EYEWEAR WAS OBTAINED FOR SAFEGUARDING MY SIGHT AND REMAINS THE PROPERTY OF THE U. S. GOVERNMENT.

I UNDERSTAND THAT IF THIS EYEWEAR IS WILFULLY DAMAGED, ALTERED OR LOST THROUGH NEGLIGENCE, I MAY BE SUBJECT TO DISCIPLINARY ACTION.

** IF I ELECT UPGRADES, I.E., PROGRESSIVE, BI/TRI-FOCALS, PRIEMER FRAMES, ETC, I AM RESPONSIBLE FOR THE DIFFERENCE IN COST. IF THESE LENSES OR FRAMES NEED TO BE REPLACED, I AM RESPONSIBLE FOR THE DIFFERENCE IN THE COST OF THE UPGRADES MINUS THE NORMAL AMOUNT ALLOWED FOR BASIC LENSES AND FRAMES.

****PHOTOCHROMIC LENSES ARE NOT AUTHORIZED****

SIGNATURE OF EMPLOYEE DATE

SAMPLE

NOTE: PLEASE DO NOT DILATE PUPILS!

Reset Form