

## U.S. Coast Guard Laser Class 3B & 4 Medical Surveillance Form

**Patient's name:** \_\_\_\_\_ **Rate:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

\_\_\_\_\_ y/o       male       female here for LASER CLASS 3 B or 4 medical surveillance exam

### Personal History

Y	N		Y	N	
		Major illness or injury			Photosensitizing medications
		Hospitalization or surgery			Any reproductive health concerns
		Cancer			Unusual sensitivity to sunlight
		Back injury			Skin disease
		Alcohol use (6+ drinks per week)			Cataracts
		Have you ever smoked			Change or loss of vision
		Do you currently smoke (packs/day)			Eye irritation
		Heart disease, high blood pressure, stroke			Contact lens use
		Current medication use			Glaucoma
		Medication allergies			Lens surgery

### Work History

Y	N		Y	N	
		Exposure to non-ionizing radiation (laser, infrared, microwave, ultraviolet)			Eye injury

### Skin:

Rash      Erosion      Ulcer      Pigment      Eczema      Other

Eyes:	Discharge		Left	Right	Both	Injected Conjunctiva/Sclera		Left	Right	Both	Swollen/Red Lid		Left	Right	Both	

### Optometry

Date of most recent refraction ( <i>when applicable</i> )	Current refraction prescription ( <i>when applicable</i> )
Vision screen ( <i>visual acuity</i> ): Both _____ Left _____ Right _____	External ocular and fundus examination

### LASER Medical Surveillance Examination (*Pre-Placement / Termination*)

Y	N		Y	N	
		Is surveillance consistent with exposures?			Are any abnormalities related to exposures/occupation?

Comments on medical history

Comments on ophthalmologic exam

Comments on physical exam

Referral to ophthalmologist or optometrist:       YES       NO

Recommendations