

DEPARTMENT OF HOMELAND SECURITY  
U.S. COAST GUARD

**LASER CLASS 3B & 4 MEDICAL SURVEILLANCE FORM**

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

\_\_\_\_\_ year old ( 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:			Left		Right		Left		Right		Both		Both
Discharge													
		Injected Conjunctiva/Sclera											

**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

**PRIVACY ACT STATEMENT**

**AUTHORITY:** The authority for collection of information including social security number (SSN) is found in the Privacy Act of 1974, 5 U.S. .C. § 552a.  
**PURPOSE:** The Coast Guard will use this information to collect information related to Laser Class 3B & 4 Medical Surveillance and exposure among U.S. Coast Guard personnel.  
**ROUTINE USES:** The information will be used by and disclosed only to authorize Coast Guard Health Services personnel to assist in activities related to Laser Class 3B & 4 Medical Surveillance and exposure. Additionally, the Coast Guard may share the information with authorized Coast Guard facility operators, or other government agencies as necessary to resolve an exposure.  
**DISCLOSURE:** Furnishing this information (including your SSN) is voluntary; however, failure to furnish the requested information may delay or prevent the resolution of an exposure.