

Safety Glasses Request

National Institutes of Health

Employees at risk for job-related injuries are eligible to receive 1 pair of basic safety glasses every 2 years

Instructions

1. Employee completes Part A of the form. Employee's supervisor completes Part B of the form.
2. Employee contacts Occupational Medical Service (OMS) to schedule an appointment
Bethesda Office (301) 496-4411; Frederick Office (301) 631-7233; Montana Office (406)363-9496
3. Employee obtains a prescription (not more than one year old) from their personal optician after OMS completes Part C

Part A <i>To be completed by Employee</i>	Employee's Name <i>(please print)</i>		IC	Building/Room	Phone No.
	Request Type <input type="checkbox"/> New	Social Security No. <i>(last 4 digits only)</i>	Have you ever been to OMS? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes," date of last visit
	Explain your risk for exposure to projectile objects at work: (Examples include operating grinders, drills or other rapidly rotating or pneumatic power equipment, hammering)				
Part B <i>To be completed by Supervisor</i>	Employee's Job Title				Is the employee's above explanation accurate?
	Supervisor's Name <i>(please print)</i>				Date
	Supervisor's Signature				Phone Number
Part C <i>To be completed by OMS</i>	<input type="checkbox"/> OMS recommends safety glasses. _____ date of last safety eyeglass visit				
	<input type="checkbox"/> OMS does not recommend safety glasses (complete comments section)				
	Comments				
	OMS Clinician Name <i>(please print)</i>				Date
OMS Clinician Signature					