

To: W.S. Chandler, MD
Jefferson Lab
12000 Jefferson Ave
Newport News, VA 23606
Ph. (757) 269-7539

Re: _____
Employee name SSN

OPHTHALMOLOGIST REPORT OF LASER EYE EXAMINATION*

This employee underwent a laser eye examination on _____.

This employee has been informed of the results of the examination and of any needed follow-up.

This employee is ____ / is not ____ medically approved for laser work.

A full report will be forwarded later.

MD Signature

MD Print Name

Date

***AT THE CONCLUSION OF THE EYE EXAM PLEASE PROMPTLY FAX TO DR. CHANDLER AT 269-7881.**