
APPENDIX 11- Sample Authorization letter for Eye Examination
MEMORANDUM

Date:

To: Sample
From: SK Dua, Ph.D., CHP, CLSO
Radiation and Laser Safety Officer
Environmental Health & Safety, Florida International University
11200 SW 8th St., CSC 162, Miami, FL 33199, USA
Phone: (305) 348-0489; Fax: (305) 348-3574; e-mail: duas@fiu.edu
Re: Authorization to Schedule Eye Examination by Authorized Service Provider

Environmental Health & Safety has established an agreement with South Florida Vision located at Optical Center at Navarro's # 25, 11865 SW 26th St., Miami, FL 33175 for eye examination in accordance with the requirements of ANSI Z 136.1-2014. The negotiated cost per person for eye examination is \$49.00. This letter is confirmation that the eye examination is required for compliance with the laser safety program. The examination will be conducted by, or under the supervision of, an ophthalmologist, optometrist or other qualified physician and will comprise of: Medical Histories, Visual Acuity Measurement and Selected Examination Protocols described in ANSI Z 136.1-2014.

Please schedule an appointment with South Florida Vision (Dr. Forrest or Dr. Alfonso) and make sure your PI/department has made arrangement to pay for the exam before it is completed.

Please complete the examination as soon as possible and inform me when the examination is completed. **Please inform the doctor to send the eye examination report to me** (duas@fiu.edu), at the above given.

The working hours of optometrists are:

- Dr. Harold Forrest: Tuesday, Wednesday and Thursday -10:00 AM to 6:00 PM
- Dr. Martha Alfonso: Friday – 1:00 PM to 5:00 PM; Saturday – 9:00 to 1:00 PM

Phone: (305) 552-9100; Fax: (305) 552-1996.

Should you have questions please feel free to contact me.

Cc Director, Environmental Health & Safety
PI: _____ Department: _____
Gilbert, South Florida Vision, [sfvsedan5@bellsouth.net](mailto:sfvsedanos5@bellsouth.net)