Cal StateEast Bay Department of Environmental Health & Safety

Prescription Safety Glasses Authorization Form

Note: This form must be signed by your supervisor actids. A current prescription momentan six months old must begiven to the optometry clinic If the prescription beyond six months you must havour eyes re-examined at your own cost either Site for Sore Eyes or by desctor of your own choosing. Prescription safety glasses authorized are basic BT, and TFlenses with scratch resistance coating for CTO or polycarbonate lenses, and designed, constructed, an other action and the second and t

| Employee's Name | Department |
|--------------------------|---|
| Shop/Office | Phone #: |
| Supervisor's Name | nehto |
| Supervisor's Signature _ | |
| Please indicate why you | re authorizing prescription safety glasses below. |
| The employee isew | has not been issued prescription safety glasses. |
| The employee needs | placement/repair prescription safety glasses. Prescription safetyses who years. |
| EHS Signature | <u>Da</u> te |
| | Optometry Use Only |
| | Price Price |
| Extra (Patient Pays) | Tqtadtient) |
| Total: | HS & Patient) |