Cal StateEast Bay Department of Environmental Health & Safety

Prescription Safety Glasses Authorization Form

Note: This form must be signed by your supervisor articles. A current prescription momentan six months old must begiven to theoptometry clinic If the prescription is beyond six months you must havour eyes re-examined at your own cost either Site for Sore Eyes or by about or of your own choosing. Prescription safety glasses authorized are basic BIF, and TFlenses with cratch resistance coating for CFP or polycarbonate lenses, and designed, constructed, and must be available and left to by the employee, are the sole financial responsibility of the employ make an appointment, contabile for Sore Eyes at (510) 276-6000.

Employee's Name	_ Department
Shop/Office	Pho <u>ne #:</u>
Supervisor's Name	_rleh#b
Supervisor's Signature	
Please indicate why you are authorizing prescriptio	on safety glasses below.
ິ The employee iສew or has not been issued pre	escription safety glasses.
f The employee needeplacement/repair presc may be replaced every two years.	ription safety glasses. Prescription sates
EHS Signature	Date
<u>Optometry L</u>	Jse Only
Frame Style	_ Price _ Price
Total (EHS) Extra (Patient Pays) Tqt Total:(EHS & Patient)	fæltient)