

COLLEGE OF EASTERN IDAHO
SURGICAL TECHNOLOGY PROGRAM
EYE EXAM

Note to Physicians Office: Please retain the exam results in your office. The student only has to have the following form on file at the College of Eastern Idaho.

I have examined _____ on _____
Name *date*

This student will be working with lasers during their course of study and following completion of the program. The industry standard requires that he/she has a baseline eye exam before they can work in the operating room with lasers. This exam is required for admission to the CEI Surgical Technology program.

This individual has had a baseline eye exam and: *(mark either A or B or C)*

- _____ a. Has no physical condition that would disqualify him/her from participating in the Surgical Technology program.

- _____ b. Is currently undergoing adequate medical care to correct or improve his/her eyesight or eye related conditions. Treatment should not interfere with the educational experience.

- _____ c. The student has elected not to follow the treatment of course that I have prescribed.

Physician printed name *Physician signature*

Address *Telephone*

I have examined _____ on _____

Student's Name _____ *Date* _____

COLLEGE OF EASTERN IDAHO
SURGICAL TECHNOLOGY PROGRAM
PHYSICAL EXAM

For admission to **the surgical technology program** at College of Eastern Idaho.

- a. _____ Has no physical or psychological conditions that would disqualify him/her from participating in a Health Sciences and Human Services program

- b. _____ Is currently undergoing adequate medical or psychological treatment for any such conditions. Treatment should not interfere with the educational experience.

_____ MD/NP/PAC _____ MD/NP/PAC
Type or print name *Signature*

Address

Telephone