



PRESCRIPTION SAFETY GLASSES REQUEST  
AND  
AUTHORIZATION FORM

Employee Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

Department \_\_\_\_\_ Department Phone \_\_\_\_\_

Index # \_\_\_\_\_ Supervisor's printed name \_\_\_\_\_

Supervisor's signature \_\_\_\_\_

Supervisor must also sign 3M order form!

Date \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

By his/her signature, the employee acknowledges that the wearing of safety glasses is a requirement for certain aspects of his/her job and the appropriate use of the safety glasses is expected.

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INSTRUCTIONS

1. Complete this Authorization form and the upper left section of the 3M Prescription Eyewear Order Form.
2. Get Supervisor's signature of approval on this form (above), **and on the 3M order form (lower right of the form)**.
3. Obtain a current eye glass prescription from an eye care provider of your choice. (Eye examination is at employee's expense.)
4. Take prescription, Authorization form and 3M Prescription Eyewear Order Form to one of the vendors shown on the [Oregon Dispensing List](#) for frame selection and fitting. Please call ahead for appointment.
5. Vendor will notify you when glasses are ready.