



Risk Management

3000 New Bern Avenue Raleigh, NC 27610

Date: \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_ saw volunteer \_\_\_\_\_, Date of Birth: \_\_\_\_\_

For a comprehensive eye examination on \_\_\_\_\_

Date His/Her ocular health is normal or abnormal (*Circle one*)

He/She should wear glasses or should not wear glasses to drive (*Circle one*)

He/She is cleared to drive or is not cleared to drive a motor vehicle (*Circle one*)

Included is a copy of the findings from his/her examination.

Doctor's signature: \_\_\_\_\_

Please email completed form to:

Volunteer Services

Email:

Cary Hospital:

[Cary & North Volunteer Services](#)

[Email >](#)

Raleigh Campus

[Raleigh Volunteer Services Email >](#)

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**Volunteer Services Use Only:**

Send a copy of Vision form and Eye Exam to Risk Management at [riskmanagementpatientsafety@wakemed.org](mailto:riskmanagementpatientsafety@wakemed.org)