



# Maryland Board of Examiners in Optometry

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## ADVERSE REACTION TO OPHTHALMIC DRUGS REPORTING FORM

The optometrist shall report to the Board, on the form provided by the Board, within 10 working days of the occurrence of any adverse reaction resulting from the administration of any pharmaceutical agent or from the removal of a superficial foreign body from the eye. This information is not subject to the public disclosure pursuant to the provisions of the Annotated Code of Maryland, State Government Section, 10 – 617 (h).

Optometrist's Name \_\_\_\_\_ License Number \_\_\_\_\_

Optometrist's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Occurrence \_\_\_\_\_

Initial Diagnosis/Presenting Problem \_\_\_\_\_

Agents Administered and Method of Administration \_\_\_\_\_

### Adverse Reaction (circle one)

Painful Eyes  
Wheals  
Fainting  
Nausea  
Vomiting

Wheezing  
Pruritus (itching)  
Chest Pain  
Urticarial Lesions (hives)  
Confusion

Cessation Of Respiration  
Skin Rash of Periorbital  
tissue  
Clinically significant  
change in heart rate

Other \_\_\_\_\_

Subsequent Action Taken \_\_\_\_\_

(Attach additional sheets if needed)