**Opticians Eye Test Form
DSE – Appendix 2**

Corporate Health and Safety

The person named below is considered a Visual Display Screen Equipment user and as such has requested an eye test. We would be grateful for your opinion as to whether he/she requires corrective lenses for intermediate distance vision (50-60cm).

|  |
| --- |
| Employee Details |
| Full name: |  |
| Address: |  |
|  |  |

# Optician to Fill

|  |  |  |
| --- | --- | --- |
| **I confirm that I have examined the above person’s eyes and recommend the following:** | **Yes** | **No** |
| * Corrective lenses specifically for intermediate distance (50-60cm) for VDU us
 |  |  |
| * Spectacles are required for general use incorporating a corrective lens for intermediate distance (50-60cm) for VDU use
 |  |  |
| **Optician Name:** |  |
| **Optician Address:** |  |
| **Optician Signature:** |  |
| **Date:** |  |

# Instructions for Employee:

* Scan this completed form
* Scan receipt from optician
* Log into iTrent and enter an Expenses claim
* Upload scanned documents for your managers’ approval