**Display Screen Equipment**

**Eye and Eyesight Examination Form**

**Notice to RGU employee:**

DSE work does not cause damage to eyes or eyesight. Eye tests are provided to ensure that employees can comfortably see the screen and work effectively without visual fatigue. This form must be signed by your manager or Health & Safety Co-ordinator (HSC) before you make an appointment to confirm you are a DSE user.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employee |  | Distance from eyes to top of screen (in cm) |  |
| Signature |  | Distance from eyes to documents |  |
| Job title |  | Name of manager or HSC |  |
| School/Department |  | Signature |  |

**Optometrist statement**

I confirm that I am acquainted with the Association of Optometrists (AOP) guidelines on the visual requirements of DSE as defined in the current edition of the AOP handbook and the following is the result of my examination:

**Tick as appropriate**

|  |  |
| --- | --- |
| 1. Does not require visual correction for DSE use |  |
| 1. Requires visual correction for DSE use but NOT a specific correction |  |
| 1. Requires a new visual correction specifically for DSE use |  |

Spectacles specifically for DSE use should only be supplied when these are necessary and when spectacles for any other use (such as driving, TV or reading) cannot be used. This will apply, for example, when the layout of the workstation or documents is such that an intermediate focus is required, and the user cannot see at this distance with any other spectacles. If you have ticked result 3 please indicate below the lens type advised.

**Type of lens advised:**

|  |  |  |  |
| --- | --- | --- | --- |
| Single vision | Bifocal | Progressive | Other (identify) |
|  |  |  |  |
| Name of Optometrist: | | Name & address of Practice (official stamp here): | |
| Signature: | |
| Date of examination: | |

**RGU expenses** (DSE user to complete this form and the ‘Incidental’ column of the ‘[Expenses Form (Sep 2016)](https://you.rgu.ac.uk/org/finance/Documents/Appendix%201%20-%20Employee%20Expenses%20Claim%20Form.pdf)’. Submit both forms to Dean of School / Head of Dept and recover applicable portion of cost via local budget). Dean of School / Head of Dept. should only authorise the expenses form if box 3 above is ticked and the type of lens advised is completed.

|  |  |
| --- | --- |
| Date claim received |  |
| Optometrist receipt attached |  |
| Amount claimed |  |