

Please ask
for:
Direct Dial:
Your Ref:
Our Ref:
Date:

Dear

EYESIGHT TEST OR VISION SCREENING REQUEST FORM

As a display screen user you have recently requested an eye test. Under the Health and Safety (Display Screen Equipment) Regulations 1992 you are entitled to an eye and eyesight test by a registered ophthalmic optician at the expense of the Council **OR** you may opt for a vision screening test, carried out by myself, to check the need for a full eye test.

Please indicate whether you wish to choose the eye and eyesight test, or undertake vision screening, by returning the tear-off slip to your supervisor/section head who will then forward a copy of this slip to me (**only if requesting vision screening**).

Should you request a full eye test, you will be given the necessary authorisation form, signed by your supervisor/section head, to take to an optician. If you require vision screening, this will be arranged directly by myself.

Occupational Health Adviser

Tear here.....

NAME: _____

JOB DESIGNATION: _____

SERVICE: _____

WORK ADDRESS: _____

TEL NO: _____

***DELETE THE STATEMENT THAT IS INAPPLICABLE:**

- A) I wish to have a full eye and eyesight test**
- B) I wish to undertake a vision screening**