

Referral letter/report for eye examination

In compliance with the Health and Safety (Display Screen Equipment) Regulations 1992

Dear Sirs,

We require _____ to undergo an eye examination related to his or her work as a D.S.E. operator in accordance with the standards recommended by the Association of Optometrists. Please complete the Report section overleaf and return this letter to the examinee.

The work location and some of the ergonomic details associated with this D.S.E. operator are provided for your information:

Service:		Address:	
Employee Location:			
Telephone:			

In normal seated working position, distance, in centimetres, from eyes to:

Screen:	cm	Keyboard:	cm
Documents:	cm	Approximate position of top of screen relative to eye level in cm above or below	cm above / below
Number of hours of D.S.E. use per day	hrs	Length of single session if not continuous	hrs
Approximate date of commencing D.S.E. work			
Position of documents relative to screen e.g. side, front			
Type of print on normal documents used e.g. type, hand-written, printout etc			
Main type of activity e.g. input only, input and reading etc			

Many thanks for your assistance in this matter,

Yours faithfully

_____ (Signature of Manager)

I agree that the optometrist who examines my eyes may reveal the results of the examination to my employer as shown below on this form. I understand that I may see the form before it is sent to my employer.

_____ (Signature of Examinee)

Part A - Request

Report on Outcome of DSE Eye Examination (to be completed by the optician)

From: _____

NAME: _____ ADDRESS: _____

TELEPHONE: _____

Re: EXAMINEE: _____

I am conversant with the standard recommended by the Association of Optometrists for D.S.E. operators and in my opinion the above named examinee:

Please tick one box

Does not require visual correction for VDU use	<input type="checkbox"/>
Requires visual correction for VDU use but NOT a specific correction	<input type="checkbox"/>
Requires a new visual correction specifically for VDU use	<input type="checkbox"/>

My additional recommendations are as follows:

If new visual correction is required specifically for DSE use then please complete the following (tick)

Single Vision	<input type="checkbox"/>	Bifocal	<input type="checkbox"/>	Progressive	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Reason for Supply

Further DSE eye examination required in _____ years.

SIGNED: _____ DATE: _____

FOR SERVICE USE ONLY

1. This letter should be retained by the employing Service and a copy sent to Human Resources.
2. Any fee charged for the completion of this Report should be reimbursed as out of pocket expenses.

Part B - Reply