

# UNIVERSITY OF BRISTOL EYE TEST AUTHORISATION FORM

Each school or department is responsible for managing arrangements for providing eye tests to display screen equipment (DSE) users when requested. A contribution towards corrective appliances (e.g. glasses) will also be made if prescribed solely for DSE use. Please check with your line manager or Departmental Safety Adviser (DSA) for details of your school or department's procedures.

Section 1 of this form must be completed by employees who are DSE users and are requesting an eye test, and the person authorising the eye test. Section 2 must be completed by the optician and provided to the School/department by the employee after the eye test. This form should be kept by the School/department as a record that an eye test has been carried out.

DSE Users (as defined in the Health and Safety Office DSE Policy) are entitled to receive the following financial contributions towards eye tests and glasses (if required):

- Up to £20 towards the cost of an eye test
- Up to £35 towards the cost of glasses prescribed solely for DSE use

**Please note:**

- The University will not contribute towards glasses prescribed for any use other than DSE work
- The Employee is responsible for meeting any costs incurred over the amounts listed above
- Any glasses issued remain the property of the University
- Authorisation must be obtained prior to the eye test
- All claims must be supported by receipts

## 1) EMPLOYEE/PERSON AUTHORISING TO COMPLETE

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(I declare that the information provided above is correct, that I understand the terms of this agreement and that I agree for the test results to be disclosed to the University of Bristol)**

Authorisation: \_\_\_\_\_ Date: \_\_\_\_\_

(DSA/HoD or other nominated signatory)

**(I confirm that the above employee is a DSE user and uses DSE as a significant part of their normal work)**

Print Name \_\_\_\_\_

## 2) OPTICIAN TO COMPLETE

	Please tick one
1) Spectacles have not been prescribed	<input type="checkbox"/>
2) Spectacles are prescribed solely for DSE use	<input type="checkbox"/>
3) Spectacles are prescribed, but <u>not specifically for DSE use</u>	<input type="checkbox"/>

Recommended re-test date	
Other comments (e.g. recommend referral to Occupational Health)	

Optician's name (PRINT) _____  Optician's signature: _____ <b>(I confirm a full eye test has been completed on the above named employee)</b>  Date: _____	<b>OPTICIAN'S ADDRESS</b>
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