

DSE User Eye Test Authorisation form



1. Employee/Person authorising to complete

Employee name	
School/Service	
Employee Signature	
Date	

2. Authorisation (Line Manager, DSE Assessor or SSA)

Authorisation signature	
Print name	
Date	

3. Optician to complete

	Please tick one
Spectacles have not been prescribed	
Spectacles are prescribed solely for DSE use	
Spectacles are prescribed, but are not specifically for DSE use	

Recommended re-test date	
Other comments (e.g. recommend Occupational Health referral)	
Optician signature	
Print name	
Date	
Optician address	