

VDU Certificate of Recommendation

Company Name _____

Employee's Name _____

Employee - Please answer the following questions before your eye examination.

Distance between eye and:
Keyboard _____ cm Screen _____ cm Documents _____ cm

When using your VDU - do you suffer from any of the following?

◆ Headaches	<input type="checkbox"/>	◆ Dry eyes	<input type="checkbox"/>
◆ Blurred vision	<input type="checkbox"/>	◆ Watery eyes	<input type="checkbox"/>
◆ Eye strain	<input type="checkbox"/>	◆ Itchy eyes	<input type="checkbox"/>

Eye Examination

- 1. No spectacles required / no change in current prescription
- 2. Spectacles required for general use
- 3. Spectacles solely for VDU use*
- 4. Spectacles required for general use, incorporating a special prescription for VDU use*

* Please note that an employer is only liable to contribute towards the cost of spectacles that are required under categories 3 and 4 above. Under these categories a prescription is required specifically for VDU use and for no other purpose.

Type of spectacles required:

Single vision Bifocal Multifocal

Next examination due _____ / _____ / _____

Signed _____
Antony Austin Optometrists

Date : _____ / _____ / _____