DSE Screen Equipment (DSE) policy V3

Display Screen Equipment - User Eye Test Application Form

|  |
| --- |
| Employee’s Name: \_Contact Number:  |
| Manager’s Name: \_ |
| Department & Location: \_\_  |
| Directorate: \_  |
| **The above employee is designated as a Display Screen Equipment (DSE) User1. Please tick as appropriate:****New User Routine Test Experiencing Symptoms** |
| Employee’s Signature: \_ | Date: \_ |
| Manager’s Signature: \_ | Date: \_ |
| **Please ensure the above details are completed before going to the cashier** |

**Cashier Use Only:**

Eye Test Voucher Number Issued: Date: Issued by: \_

Sign & Print name

Received by: \_

Sign & Print name

*Please check the VDU Certificate of Recommendation from the Opticians and only issue a spectacles voucher if a prescription incorporating VDU use or solely for VDU use is marked.*

Spectacles Voucher Number Issued:

Date:

Issued by: \_

Sign & Print Name

Received by: \_

Sign & Print Name

1 Trust employee who uses a DSE for at least two hours daily, with at least one hour continuous usage or prolonged spells of intensive work.