

DSE User Eye Examination Form

v 4, July 2015

University employees who are Display Screen Equipment (DSE) Users are entitled to an eye and eyesight test:

- When they commence DSE work at the University; or
- When their job changes to such an extent that they become Users; or
- If they experience visual difficulties which could be related to DSE use;
- At regular intervals after the initial test, on request.

The University must ensure that each User is provided with special corrective appliances for DSE use (DSE Spectacles) where normal corrective appliances cannot be used, or where the result of the eye and eyesight test shows that such provision is necessary. Employees are not required to have an eye and eyesight test against their will.

Glasses for distance or reading are not funded by the University as these are considered as needed for everyday use.

For glasses which are solely for use with DSE equipment, the University will refund the cost of the corrective lenses and frame **up to a maximum of £55**. It is not the responsibility of the University to provide eye and eyesight tests for employees of other employers who may be working at the University, e.g. Operators (agency staff).

If you request an eyesight test for DSE use, you should complete the form overleaf, have it signed by your authorising manager, then arrange an eyesight test with an optician of your choosing. Take the form with you to the opticians and after your test, ensure that the form is signed by the optician to confirm that they have carried out an eyesight test, and that you do, or do not, require spectacles specifically for DSE work. You should then complete an expense claim form and have it approved in accordance with local arrangements. The cost is met from Departmental/School budgets. Send the expenses claim form, with the DSE form AND a receipt from the optician for the cost of the eyesight test and DSE spectacles if appropriate, to Accounts Payable.

To the registered Ophthalmic Optician/Optomtrist:

Please carry out an eye examination in relation to work with **Display Screen Equipment** on:

Surname:

First Name:

DOB:

School/Function:

Department:

Telephone number:

Authorising Manager:

Signed by Authorising Manager:

Date:

Dept. Stamp

Opticians Report

I examined (name):

on (date):

In my opinion (s)he requires/does not require* spectacles or contact lenses specifically for DSE work (*delete as necessary)

I recommend re-examination in years.

Signed:

Opticians Stamp

Completed forms and supporting receipts should be attached to an expenses claim form and sent to Accounts Payable, Finance.