

# EMPLOYEE EYE TEST REQUEST

**Section 1** of this form must be completed by employees who are DSE (Display Screen Equipment) users and are requesting an eye test, and the line manager Authorising the eye test.

**Section 2** must be completed by the optician and provided by the employee after the eye test. This form will be kept by Liquid Friday as a record that an eye test has been carried out.

DSE users are entitled to receive the following financial contributions towards eye tests and glasses (if required):

- The full cost of an eye test
- Up to £50 towards the cost of glasses prescribed solely for DSE use

**Please note:**

- Liquid Friday will not contribute towards glasses for any other use other than DSE work
- The employee is responsible for meeting any costs incurred over the amounts listed above
- Authorisation must be obtained prior to the eye test
- All claims must be supported by original receipts

**Section 1:** Employee and line manager to complete

**Employee Name:**

**Signed:**

I declare that the information provided is correct, that I understand the terms of this agreement and that I agree for the test results to be disclosed to Liquid Friday.

**Line Manager Name:**

**Signed:**

**Date:**

I confirm that the above worker is a DSE user and uses DSE as a significant part of their normal work

## Section 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 not specifically for DSE use.	<input type="checkbox"/>

**Recommended Re-test Date:**

**Other Comments:**

**Opticians Name:**

**Opticians Address:**

**Opticians Signature:**

**Date:**

I confirm a full eye test has been completed on the above named employee