

# Eye Test Request Form

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

Please tick one:

1. Spectacles have not been prescribed.

2. Spectacles are prescribed solely for DSE use.

3. Spectacles are prescribed, but not specifically for DSE use.

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.