

# UNIVERSITY OF BRISTOL EYE TEST AUTHORISATION FORM

Any **employee** who is a **user** of display screen equipment is entitled, on request, to receive an eye and eyesight test. Employees are expected to bring this request to the attention of their school/service by completing this form. The optician determines the frequency of repeat eye and eyesight testing for users. This is usually every two years, but it can vary for individual patients. The school/service must also meet costs of repeat testing. The University will contribute up to £25 for the cost of an eye test.

Where the optician recommends an employee be provided with eyesight correction (e.g. glasses) **specifically** for their work with DSE, the law requires that the University meet reasonable costs. This is met from school/service funds. A reasonable contribution is now regarded as up to £35 and this contribution will be kept under review. There is no requirement on the University to contribute where 'normal' glasses, provided for reading, watching TV, or driving, are adequate for DSE use.

**The procedure is as follows;**

1. Section 1 to be completed by the member of staff requesting an eye test.
2. Authorisation completed by school/service signatory before booking an eye test.
3. Employee attends eye test with optician of their choice. The Optician to complete section 2.
4. If glasses are required solely for DSE use, the employee chooses a pair and is entitled to receive up to £35 as a contribution from the University. The employee must pay for their eye test and any glasses and then claim for the costs through their usual expenses claim procedure. If you have any doubt about how to claim, contact your local finance team.
5. If no corrective lenses are required, pay for your eye test and claim through your local arrangements up to £25.

**Please note:**

- The University will not contribute towards glasses prescribed for any use other than DSE work
- The Employee is responsible for meeting any costs incurred over the amounts listed above
- Any glasses issued remain the property of the University
- Authorisation must be obtained prior to the eye test
- All claims must be supported by receipts

## 1) EMPLOYEE/PERSON AUTHORISING TO COMPLETE

Employee name: \_\_\_\_\_ School/Service: \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(I declare that the information provided above is correct, that I understand the terms of this agreement and that I agree for the test results to be disclosed to the University of Bristol)**

Authorisation: \_\_\_\_\_ Date: \_\_\_\_\_

(SSA/HoS or other nominated signatory)

**(I confirm that the above employee is a DSE user and uses DSE as a significant part of their normal work)**

Print name \_\_\_\_\_

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

Recommended re-test date	
Other comments (e.g. recommend referral to the Occupational Health Service)	

Optician's name (PRINT) _____  Optician's signature: _____ <b>(I confirm a full eye test has been completed on the above named employee)</b>  Date: _____	<b>OPTICIAN'S ADDRESS</b>
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