

EYE AND EYESIGHT TEST POLICY

Under the Health and Safety (DSE) Regulations, all Display Screen Equipment users and would be users are entitled to an eye test and /or eye sight test by an ophthalmic optician or doctor with an ophthalmic qualification, paid for by the Administration.

DSE users can request that CHS provide and pay for special spectacles or lenses for VDU work – to correct vision defects of the viewing distance or distances used specifically for the display screen work concerned. However, CHS is not required to pay more than the cost of the basic appliance. In addition if an employee chooses a more costly appliance, he or she will have to pay the extra cost involved.

If a user experiences, or continues to experience, visual difficulties, whether or not they have already had an eyesight test, CHS will comply with any reasonable request for a further test.

The costs paid by CHS shall be as follows:

- Eye and Eyesight tests Full cost of test.
- Contribution to spectacles £60.

To be eligible for the above payments, staff will be required to complete the attached form and have it signed by the dispenser of the spectacles and tester, if different. This form should be forwarded to their line manager for acknowledgement and then on to Payroll.

Employee authorisation for Display Screen Equipment (DSE) Eye test/spectacles.

Employee Name:	
Employee ref no:	

The above employee is authorised to receive the cost of a full eye examination and eyesight test paid for CHS under the Health and safety (DSE) Regulations 1992 and a payment of £60 towards the cost of corrective spectacles for VDU use. This payment includes spectacles for general use which incorporate a prescription for VDU use.

I confirm I have examined the above person's eyes in accordance with the Optician's Act 1989 and recommend the following:

- Spectacles are required for general use incorporating VDU work
- Spectacles are required for general use but not necessary for VDU work
- Spectacles are required solely for VDU work
- Eye test only - Spectacles are not required / no change in current prescription

I recommend a re-test in(years) (months)

Optometrist name:

Optometrist signature: Date:

Company Name:
(if applicable)

Company Stamp

Address:

Postcode:

Please attach all receipts relating to Eye Test and supply of spectacles.

Name of Line Manager

Signature