

## Display Screen Equipment (DSE) Eye Test Form

This form should be used when an employee (excluding agency staff, student and self-employed) requests an eyesight test in relation to their work with display screen equipment.

**Part A** - should be completed by the supervisor or departmental safety officer (DSO). Please refer to the University DSE policy regards the definition of a DSE user  
<https://www.safety.admin.cam.ac.uk/policy-guidance/physical-and-workplace/hsd005p-display-screen-equipment-dse>

**Part B** - should be completed by the optometrist following the eyesight test.

**Part C** - should be completed by the employee and forwarded to Occupational Health for reimbursement as applicable.

---

### Part A – Supervisor / Departmental Safety Officer authorisation for eye test

To be completed by the employee's supervisor / manager / DSO prior to attending for an eye test by a registered ophthalmologist (optometrist).

**Name of the employee:** .....

I confirm that the above named employee of the University of Cambridge meets the criteria of a DSE user and is entitled to the offer of an eye test by a registered ophthalmologist (optometrist).

**Signed:** ..... **Date:** .....

**Print Name:**.....

**Position:** .....

**Department:** .....

**Contact telephone number:**.....

**Contact email address:** .....

Once Part A is complete, the form should be given to the employee to take with them to their eye test appointment.

**Part B -To be completed by the optometrist**

Name of the employee: .....

I confirm that the above employee of the University of Cambridge is due an eye examination and that the results of the eyesight test are that the employee:

*Please indicate as appropriate*

- 1. Does not require spectacles.....
- 2. Does not require an updated prescription on this occasion .....
- 3. Requires new or updated spectacles for distance and/or reading but not for specific use with the VDU. ....
- 4. Are the spectacles varifocals/bifocals? .....
- 5. Requires new spectacles for specific use with the VDU .....

**NB:** A maximum cost of £50 will be reimbursed towards this cost of a pair of single vision lenses for sole VDU use or against multifocals (bifocals or varifocals) lenses if appropriate.

**Signed:** ..... **Date:** .....

**Print Name:**.....

**Practice Stamp:**

**Part C - To be completed by the employee**

Surname ..... Title: Mr /Mrs / Miss / Ms / Dr / Prof / Other .....

First names ..... Date of Birth .....

Email address ..... Contact number .....

Department: ..... Dept code .....

Payroll Ref No (8 digits): ..... Last 4 digits of bank account details  
(verification process) ..... held by payroll (verification process) .....

I confirm that (please tick the appropriate statement):

- My optometrist has completed part B above and I am seeking reimbursement towards the cost of my eye examination.....
- My optometrist has ticked completed q4 and/or q5 above and I am seeking reimbursement towards the cost of my spectacles. ....

**The maximum amount refunded is £25 for an eye test and £50 for glasses.**

Any costs above these amounts will be covered by the employee. Reimbursement will only be authorised if the correct forms and receipts have been signed and submitted to the Occupational Health, 16 Mill Lane, Cambridge, CB2 1SB

- I have completed the form and attached a copy of my receipt detailing the costs incurred.....
- My supervisor / DSO has confirmed I am a DSE (VDU) user and meet the criteria for reimbursement towards the above costs – Part A.....

**Signed:**..... **Date:** .....