|  |  |
| --- | --- |
| **Eyesight Screening For Visual Display Screen Users: Form Dse1** |  |

**Dear Sir/Madam**

**Name:**

The above-named employee is employed by the London Borough of Merton and is required, as part of their job, to regularly use display screen equipment.

I should be grateful if you would complete the information in the table below to certify that you have examined our employee in line with the requirements of the Display Screen Equipment Regulations and to confirm your recommendation.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I CONFIRM THAT I HAVE EXAMINED THE ABOVE PATIENT’S EYES AND RECOMMEND THE FOLLOWING *(Tick one only from A to E)*** | | | | | | | | | | | | |
| A | Spectacle are not required / No change in current prescription required | | | | | | | | | | |  |
| B | Spectacles are required for general use | | | | | | | | | | |  |
| C | Spectacles are required for general use, incorporating a special prescription for VDU use | | | | | | | | | | |  |
| D | Spectacles are required solely for VDU use | | | | | | | | | | |  |
| E | Spectacles are needed for safety purposes | | | | | | | | | | |  |
| Type of spectacles, if needed | | Single vision |  | Bifocals | | |  | | Multifocals | | |  |
| Recommend the above named person has an eyesight retest in | | | | |  | | | Years | |  | Months | |
| Additional information and comments | | | | | | | | | | | | |
| Signed | | | | | | Company Stamp | | | | | | |
| Company Name | | | | | |
| Address | | | | | |
| Date | | | | | |

Once completed, please hand the form to our employee, who will return it to their manager for uploading onto their I-Trent personnel file.

Thank you for your assistance.