

RM10 F02 - EYE TEST REQUEST FORM

This form is to be completed by the employee requesting the eye test and signed by the line manager with budgetary authority.

Employee:

Name of Employee:	Payroll number:
Job Title:	Directorate:

Manager:

Before authorising this request, please ensure that this employee is a user as defined in [RM10 Display Screen Equipment policy](#) (Section 4.7) and a [DSE checklist and Risk Assessment \(RM10 F01\)](#) must have been completed within the last 12 months for this user.

Name of Manager:	Job Title:
I confirm that the above named member of staff is required to use display screen equipment for a significant section of their work. I further confirm that I am able to authorise payment for an eyesight test & basic spectacles for DSE use if required. <input type="checkbox"/>	
Signed:	Date:
Designation:	
Cost Centre Code:	Account Code:

What to do now:

Take this completed form to the cashiers at either the Princess Royal Hospital or Royal Sussex County Hospital where this form will be exchanged for a Specsavers Eye Test Voucher.

To be completed by Cashier

Voucher Reference Number	
Date of Issue	
Cashiers Signature	
Recipient Signature	

Take the issued Voucher to any Specsavers where it will entitle you a free eye test and if it is determined that you require glasses ONLY for DSE use, a pair of these will be provided free of charge.

Please refer to section 6.3 of *RM10 Display Equipment Policy* for further information.