**Jesus College Eye Test Form**

The College will reimburse the cost of an eye test, once every 2 years.

If an optician certifies that lenses are necessary **solely** for use with display screen equipment (DSE), the College will reimburse the employee with a contribution of up to £75 towards the cost of spectacles or spectacle lenses. This applies only where the employee uses DSE regularly at work and for continuous periods of an hour or more.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EMPLOYEE TO COMPLETE** | | | | |
| Employee name: | | | Department: | |
| Employee signature: | | | Date: | |
| **OPTICIAN TO COMPLETE** | | | | |
|  | | | | **Please only tick one box** |
| 1. Spectacles have not been prescribed | | | |  |
| 2. Spectacles are prescribed solely for DSE use | | | |  |
| 3. Spectacles are prescribed, but not specifically for DSE use | | | |  |
| Recommended re-test date: | | | | |
| Optician’s name (PRINT): | | | | |
| I confirm a full eye test has been completed on the above named employee  Optician’s signature: | | | | |
| Date: | Optician’s Address and Official stamp: | | | |
| I declare that the information provided is correct and the test results will be disclosed and used by Jesus College. | | | | |
| **For completion by Jesus College** | | | | |
| **Employee’s** **Line manager** | | | | |
| Name:  Job Title: | | | Date: | |
| I confirm that the above employee is a regular DSE user as part of their normal work and they are required to use DSE for continuous periods of an hour or more. | | | | |
| Signature: | | | | |
| Agreed by HR Director | | Cost Code  H&S budget code | | |

This form must be accompanied by a receipt for the cost of eye test and any spectacles purchased.