

**VDU Certificate of Recommendation**

Company Name \_\_\_\_\_

Employee's Name \_\_\_\_\_

**Employee - Please answer the following questions before your eye examination.**

Distance between eye and:  
Keyboard \_\_\_\_\_ cm    Screen \_\_\_\_\_ cm    Documents \_\_\_\_\_ cm

When using your VDU - do you suffer from any of the following?

|                  |                          |               |                          |
|------------------|--------------------------|---------------|--------------------------|
| ◆ Headaches      | <input type="checkbox"/> | ◆ Dry eyes    | <input type="checkbox"/> |
| ◆ Blurred vision | <input type="checkbox"/> | ◆ Watery eyes | <input type="checkbox"/> |
| ◆ Eye strain     | <input type="checkbox"/> | ◆ Itchy eyes  | <input type="checkbox"/> |

**Eye Examination**

- 1. No spectacles required / no change in current prescription
- 2. Spectacles required for general use
- 3. Spectacles solely for VDU use\*
- 4. Spectacles required for general use, incorporating a special prescription for VDU use\*

\* Please note that an employer is only liable to contribute towards the cost of spectacles that are required under categories 3 and 4 above. Under these categories a prescription is required specifically for VDU use and for no other purpose.

**Type of spectacles required:**

Single vision     Bifocal     Multifocal

Next examination due \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signed \_\_\_\_\_  
Antony Austin Optometrists

Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_