**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.

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|  **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 employeeOptician’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 CodeH&S budget code |

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