# Example eye test application

## DSE (Display Screen Equipment) EYE TEST APPLICATION

| **Part A - Employee Information** (to be completed in block capitals) | |
|---|---|
| TITLE (circle or delete as appropriate) Mr Mrs Miss Ms Other (specify) ..... | |
| Full Name: | |
| Employee Number: | Date of Birth: |
| Job Title: | |
| Contact telephone number or email address: | |
| Do you normally wear glasses? (delete as appropriate) | YES NO |
| Have you previously had a DSE eye test (delete as appropriate) | YES NO |
| If YES what was the date: ..... | |

**Part B – Line Manager Approval** (to be completed by immediate supervisor/manager)

I confirm a DSE Eye test is required.

Name: ..... Signature: .....

Date: .....