sustainable thriving achieving
East Dunbartonshire Council
www.eastdunbarton.gov.uk

Ann Davie
Depute Chief Executive - Education, People and Business
Broomhill Industrial Estate
Kilsyth Road
Kirkintilloch
G66 1TF
Telephone: 0300 123 4510

Our Ref : AD/
If phoning or calling ask for: Human Resources

Date:

Dear Sirs

Re Employee: Department

The above named employee of the Council is requested to have an eye examination in relation to their work on VDU terminals.

We wish a report of your findings to be submitted to Human Resources Services within 3 working days of the test. A copy of the report form is attached.

Those who require spectacles wholly, exclusively and necessarily for use with a VDU in order to undertake their work comfortably and efficiently are entitled to a grant in aid from the Council towards the cost of the spectacles, provided they obtain the spectacles from an optometrist or registered optician.

The grant paid for spectacles is equivalent to the NHS Voucher Scheme for frames and lenses. A higher grant will be paid towards the costs of spectacles with complex lenses but a quotation will need to be submitted and approved by the Council before the spectacles are supplied.

It is your responsibility to ensure that the above named employee pays any fees and charges in full.

Yours faithfully

Ann Davie
Depute Chief Executive - Education, People and Business

1. Dear Sirs

(a) Name

……

Department

……

Employee Reference Number

……

We require the above named to undergo an eye examination related to their work as a VDU operator. Please submit your report to East Dunbartonshire Council, Organisational Transformation. Please establish with the employee the following information as part of your examination:

(b) Approximate working distance in centimetres or inches (state which) from eyes to:
Screen
Keyboard
Documents
Position of Document Relative to screen, e.g side, front
Type of print on normal documents used, e.g. typed, handwritten, print out
Length of single session if not continuous
Approximate date of commencing VDU work

(c) Yours faithfully

Signed …….. (Authorising Officer)

2. REPORT FORM

(a) From:

……

Re: Patient

……

I am conversant with the standard recommended by the Association of Optometrists for VDU Operators and in my opinion the above named patient: -

(b)
1. Does/does not satisfy the standard without spectacles/contact lenses
2. Does/does not satisfy the standard with spectacles/contact lenses
3. Does/does not require new spectacles or contact lenses in order to meet the standard
4. Does/does not require spectacles for general and VDU use
5. Does/does not require spectacles or contact lenses to be provided with a prescription wholly, exclusively and necessarily working with a VDU.

(c) In the event of 5 above being applicable, please state the voucher group and cost.

Voucher …… Cost……

(d) My additional recommendations are as follows:

……
……

(e) Signed ……
GOC Number ……
Date ……

AOP Recommendations for the guidance of the profession on the visual standard for VDU operators.

1. The ability to read N6 at a distance of 2/3 metre down to 1/3 metre.
2. Monocular vision or good binocular vision. Near phorias over ½ prism dioptre vertical or 2 prism dioptres esophoria and 8 prism dioptres at working distances are contra-indicated and should be corrected unless well compensated or deep suppression is present.
3. No central (20 degrees) field defects in the dominant eye.
4. Near point of convergence normal.
5. Clear ocular media checked by ophthalmoscopy and slit-lamp.

The above recommendations are intended to increase the level of operator comfort and therefore efficiency, but failure to achieve the standard does not exclude a person from working with a VDU.