



**EYE EXAMINATION FOR DISPLAY SCREEN  
EQUIPMENT (DSE) USERS**

PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD THE UNIVERSITY'S DSE CODE  
OF PRACTICE BEFORE SUBMITTING THIS FORM. [Click Here](#)

**To be completed by the employee:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date of test: \_\_\_\_\_

**To be completed by the Optometrist:**

The above named employee of the University of Salford is required to use DSE in the course of their duties, therefore can you please complete and confirm the following:

I confirm that the above named employee needs a corrective appliance specifically for working with DSE. Yes / No *(delete as appropriate)*

I confirm that the above named employee needs a corrective appliance specifically for working with DSE and therefore requires a change to their current prescription. Yes / No *(delete as appropriate)*

Remarks:

Cost of eyesight test: £ \_\_\_\_\_

Spectacles required for DSE use: Lenses £ \_\_\_\_\_ Frames £ \_\_\_\_\_

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Practice: \_\_\_\_\_ GOC Registration number: \_\_\_\_\_