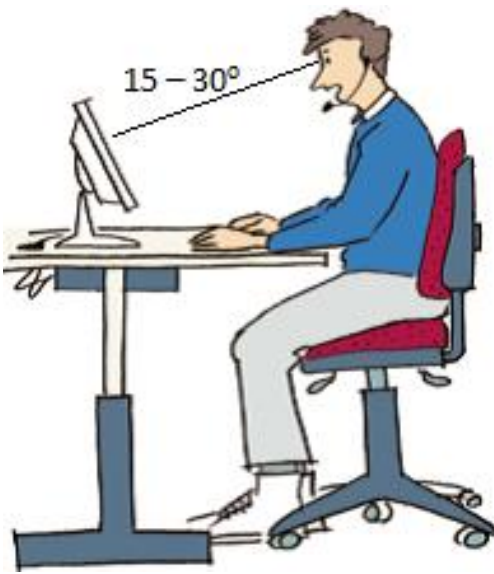


**TO BE COMPLETED BY THE EMPLOYEE AND TAKEN TO THE OPTICIAN**

|              |                |
|--------------|----------------|
| Name:        | Date of birth: |
| Employed at: | Position:      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 |                          |              |                          |                                                        |                          |                |                          |              |                          |                                                        |                          |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------|--------------|--------------------------|--------------------------------------------------------|--------------------------|----------------|--------------------------|--------------|--------------------------|--------------------------------------------------------|--------------------------|----------------|
|                                                                                                                                                                                                                                                                                                                                                                       | <b>Fill in if computer glasses may be needed:</b><br><b>In your normal working position, measure the distance from your eyes to:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 |                          |              |                          |                                                        |                          |                |                          |              |                          |                                                        |                          |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1. The screen (centre)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | cm                                                              |                          |              |                          |                                                        |                          |                |                          |              |                          |                                                        |                          |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2. The keyboard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | cm                                                              |                          |              |                          |                                                        |                          |                |                          |              |                          |                                                        |                          |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3. Document holder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | cm                                                              |                          |              |                          |                                                        |                          |                |                          |              |                          |                                                        |                          |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4. Need to see further out into the room (counter, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | cm                                                              |                          |              |                          |                                                        |                          |                |                          |              |                          |                                                        |                          |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5. Do you work in an open-plan office?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table> | YES                      | NO           |                          |                                                        |                          |                |                          |              |                          |                                                        |                          |                |
| YES                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                          |              |                          |                                                        |                          |                |                          |              |                          |                                                        |                          |                |
| 6. Number of hours spent working at the computer per day                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 |                          |              |                          |                                                        |                          |                |                          |              |                          |                                                        |                          |                |
| <b>Fill in if prescription safety glasses are needed:</b><br><br>If a safety class is required, indicate this with an X:<br><br>Work in a laboratory or workshop with low risk, safety class S: <input type="checkbox"/><br><br>Work involving the risk of high-speed particle impact, safety class F: <input type="checkbox"/><br><br>If safety glasses will also be used for work at a computer monitor, complete the right side of the form as well. | <b>How is the workplace design? See <a href="#">The Computer Workplace</a> and indicate with an X:</b><br><br><table border="1"> <tr> <td><input type="checkbox"/></td> <td>Satisfactory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unsatisfactory, but can be improved by myself/the unit</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unsatisfactory</td> </tr> </table><br><br><b>How are the lighting conditions? See <a href="#">lighting</a> and indicate with an X:</b><br><br><table border="1"> <tr> <td><input type="checkbox"/></td> <td>Satisfactory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unsatisfactory, but can be improved by myself/the unit</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unsatisfactory</td> </tr> </table> |                                                                 | <input type="checkbox"/> | Satisfactory | <input type="checkbox"/> | Unsatisfactory, but can be improved by myself/the unit | <input type="checkbox"/> | Unsatisfactory | <input type="checkbox"/> | Satisfactory | <input type="checkbox"/> | Unsatisfactory, but can be improved by myself/the unit | <input type="checkbox"/> | Unsatisfactory |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                | Satisfactory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |                          |              |                          |                                                        |                          |                |                          |              |                          |                                                        |                          |                |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                | Unsatisfactory, but can be improved by myself/the unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 |                          |              |                          |                                                        |                          |                |                          |              |                          |                                                        |                          |                |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                | Unsatisfactory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 |                          |              |                          |                                                        |                          |                |                          |              |                          |                                                        |                          |                |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                | Satisfactory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |                          |              |                          |                                                        |                          |                |                          |              |                          |                                                        |                          |                |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                | Unsatisfactory, but can be improved by myself/the unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 |                          |              |                          |                                                        |                          |                |                          |              |                          |                                                        |                          |                |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                | Unsatisfactory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 |                          |              |                          |                                                        |                          |                |                          |              |                          |                                                        |                          |                |