

Letter from School Principal to Teacher Authorising an Eyesight Screening Test

CONFIDENTIAL

Dear

Eyesight Screening Test for Teachers using Visual Display Units

I have received your application for an eyesight screening test and would confirm that you should proceed to arrange an appointment with an optician of your choice. Where possible, the appointment should take place outside normal school hours.

Please take the enclosed form with you to the test and have it completed by the optician. It should be returned, with the receipt for payment, to me and you will be reimbursed up to £15 towards the cost of the test. Should the cost exceed that amount, you will be responsible for the difference.

The school will contribute £55 towards the cost of new glasses/contact lenses only where the optician states that lenses are required **specifically** for VDU use. **Please do not arrange to purchase** glasses/contact lenses until the optician's report has been returned and considered by me and authorisation to proceed given.

I will notify you of the outcome in due course.

Yours sincerely

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PLEASE ENSURE YOU BRING THIS FORM WITH YOU WHEN YOU ATTEND FOR YOUR TEST

TEACHER'S NAME: _____ TR NUMBER: _____

SCHOOL: _____

OPTICIAN'S NAME: _____

OPTICIAN'S ADDRESS: _____

DATE OF EXAMINATION: _____

OPTICIAN'S COMMENTS:

1. The above teacher requires corrective appliances specifically for VDU use only

or

2. The above teacher requires corrective appliances for general use including VDU
(i.e. not specifically for VDU use)

Signed: _____ Date: _____

Please return this form to the school principal together with the receipt for payment for the eyesight test.