



VDU EYE AND EYESIGHT TEST APPROVAL FORM

Name: _____

Department: _____

How long have you used a VDU? _____

On average, how many hours per day do you use a VDU? _____

The above named employee is hereby authorised to attend for a VDU eye test in compliance with the requirements of the Mary Immaculate College Policy on the provision of eye and eyesight tests to VDU users.

Signed : _____

Director of Human Resources Signature