****

**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

Revision 3. May 2022