**VDU Eye Examination Request**

Request for a VDU eye examination with a registered optometrist/ophthalmic medical practitioner (Affiliated to Eyecare vouchers)

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| **PART A** (to be completed by **employee**)Employee Name: Employee Payroll Number: Job Title: Department: Location/Office: Employee Signature: |
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| **PART B** (to be completed by **employee’s line manager**)If you agree that the above staff member qualifies for a free VDU eye examination please complete this section of the form and return to the Bradford Office at the following **email** address: fax.bradford@anchor.org.uk Manager’s name:Signature:*NB line manager should forward the signed pdf from their team member to the following email:* fax.bradford@anchor.org.uk  *confirming in their e-mail that they give permission for the voucher to be issued.*  |
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| **Please confirm the address the eye care voucher should be posted to below:** |