**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](mailto: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](mailto: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:** |