



Confidential when complete

VDU Eye Examination Request

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

PART A (to be completed by **employee**)

Employee Name:

Employee Payroll Number:

Job Title:

Department:

Location/Office:

Employee Signature:

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.

Please confirm the address the eye care voucher should be posted to below: