



EYE EXAMINATION AND COMPUTER GLASSES

Page 1. To be completed by employee:

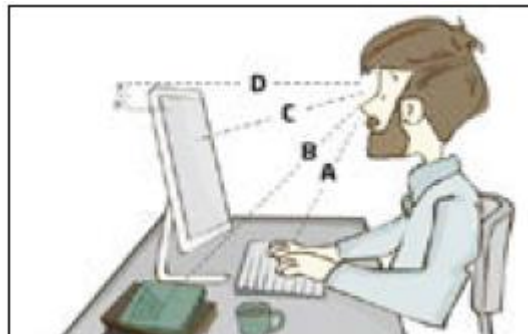
Name: _____	D.O.B: _____
Company: Universitetet i Bergen	Position: _____
Department: _____	<input type="checkbox"/> Full time
_____	<input type="checkbox"/> Temporary/contractor until: _____
Employer signature/company stamp	

- The employee is required to read "Retningslinjer for synsundersøkelse og anskaffelse av arbeidsplassbriller" before filling in the form.
- Apply to your own department for refund of the cost through the HR-portal. Attach completed and signed form and receipt.

MUST BE FILLED IN AT WORKSTATION

Measurements in cm. From eye to object.

- A. To keyboard: _____ cm
- B. To document: _____ cm
- C. To screen: _____ cm
- D. Max distance: _____ cm



Ergonomic design

Is your workstation facilitated according to the guideline "Din dataarbeidsplass"? Yes No

Information about the workplace



Page 2. To be completed by optometrist:

It is hereby confirmed that the employee needs computer glasses and that the employee's private glasses are not fit for this purpose. The evaluation is in accordance with UiB's "Retningslinje for synsundersøkelse og anskaffelse av arbeidsplassbriller".

If lenses included in the frame agreement cannot be used due to health reasons, this MUST be documented by optometrist. The occupational health department at UiB must be contacted for evaluation of refund.

TO BE COMPLETED BY OPTOMETRIST:

Is there need for computer glasses? Yes No

Type of correction: Single vision Computer varifocal Room varifocal

Reason: _____

Date: _____

Optometrist signature/company stamp

If the optometrist reveals that the employee is in need for further examination with an ophthalmologist, the employee will be referred.

TO BE COMPLETED BY OPHTHALMOLOGIST:

It is hereby confirmed that the employee has conducted an eye examination.

Date: _____

Ophthalmologist signature/company stamp