

PLYMOUTH ARENA



EYESIGHT REQUEST FORM

**ICONIC.
INDEPENDENT.
YOURS.**

I am considered a 'user' under the **Display Screen Equipment Regulations** and would like to have an **Eye Sight** test.

Employee to complete	
Name	
Department	
Date	
Signature	

***Note:** Please make sure you get your optician to fill out the below.

*Optician to complete	
Title	
Name(s)	
Statement to confirm	I confirm the above employee received a 'sight test' as defined in the Opticians Act.
Date	
Signature	

Eye Test Reimbursement

Line Manager/Supervisor to complete	
Name	
Department	
Date	
Amount to Pay	£
Signature	

NOTES

- The organisation will reimburse staff £25 for an eyesight test.
- The organisation will reimburse staff £49.00 for frames and single focus lenses.
- You must produce receipts as proof.