NEW ZEALAND ASSOCIATION OF OPTOMETRISTS INC.

VISUAL EXAMINATION FOR VDU OPERATORS

N·Z·A·O

INSTRUCTIONS FOR VDU OPERATOR

- You should complete the first section of the form (Boxes 1-7) prior to the vision assessment.
- Pursuant to the Privacy Act 1993 please read the following:
  - This form collects and records personal and health information about you;
  - The information is collected as part of the assessment of your eye health and visual performance;
  - The optometrist will use this and any further information needed as part of the eye examination in making an assessment of your eye health and visual performance;
  - The optometrist will record and retain information collected from you in the form of a patient record;
  - You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993 and the Health Information Privacy Code 1994;
  - If you consent to the release of the information collected on this form by signing at Box 7, a copy of the form may be provided to your employer.

INSTRUCTIONS FOR OPTOMETRIST:

- The optometrist should have current knowledge of the relationship between visual performance and VDU use and be familiar with the Department of Labour OSH Service *"Approved code of practice for the use of VDU in the place of work"*
- It is recognised that visual examinations will generally be conducted away from the workplace.
- It may be necessary for the optometrist to visit the workplace to assess the workstation design.
- In conducting the visual examination the following guidelines should be taken into account:
  - **Examination:** A full optometric examination should be given, with due reference to any problems induced by the operator's workstation design and function, as elicited during the taking of the history.
  - Dilated fundus examination is required if clinically indicated
  - **Results:** Record the results of the examination in your records and summarise findings in Boxes 8-15. (Use Box 13 to enter a recall date where appropriate.)
- The top copy of the form (Employers Copy) should be forwarded to the employer **only with the signed consent** of the operator.

The Health (Retention of Health Information) Regulations 1996 require health information to be retained for a minimum of 10 years.

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Visual Examination For VDU Operators

The operator should complete the 'Personal details' section of this form. Only with the operator's consent may the top copy (Employers Copy) be released to the employer.

Personal details (Operator to complete)

1 Family name:

Given names:

2 Employer's name and address:

3 Date of birth:

4 Reason for this examination:

5 Details on your desk and VDU setup:

Eye to screen distance	Eye to hard copy distance

Relative to a horizontal line from your eye:

The top of the screen is: above your gaze ❒
level with your gaze ❒
below your gaze ❒

Bottom of the screen is: above your gaze ❒
level with your gaze ❒
below your gaze ❒

Does daylight contribute to your lighting? Yes ❒ No ❒

If yes, are any windows: in front of you ❒
Behind you ❒
To one side ❒

Is glare a problem? Yes ❒ No ❒

Do you have reflections in the screen? Yes ❒ No ❒

6 Date of this examination:

7 I consent to this visual examination and to the release of this summary of results page to my employer.

Signature:

Date:

Results (Optometrist to complete)

8 Are spectacles or contact lenses needed for VDU use? Yes ❒ No ❒

Are new spectacles or contact lenses needed? Yes ❒ No ❒

9 If the need for new spectacles or contact lenses is due to the demands of VDU use, are they specifically:

To alleviate symptoms? Yes ❒ No ❒

To provide a more appropriate form of correction? Yes ❒ No ❒

10 Rx of spectacles or contact lenses prescribed for VDU use and summary of advice given

Right	
Left	
Form of Rx	
Tint/Coating	
Advice	

11 Is further investigation or referral required? Yes ❒ No ❒

If Yes, is this needed for:

Workplace assessment ❒ Visual Training ❒

Contact lens treatment ❒ Pathology ❒

Other ❒

If other, please state:

12 Investigation /referral:

To be arranged ❒ Already arranged ❒

13 Recall date

14 Comments:

15 Optometrist's name and address:

Signature: Date:

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EMPLOYER'S COPY

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below your gaze ❒

Bottom of the screen is: above your gaze ❒
level with your gaze ❒
below your gaze ❒

Does daylight contribute to your lighting?
Yes ❒ No ❒

If yes, are any windows: in front of you ❒
Behind you ❒
To one side ❒

Is glare a problem? Yes ❒ No ❒

Do you have reflections in the screen?
Yes ❒ No ❒

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Date:

Results (Optometrist to complete)

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