<...> Record o...DSE Work

Eye Test Record No. (ETR):			
Name of User:			
Department / Location of DSE:			

Prescription required for Work Duty:	
Type of Work Performed and Department:	

Optician Details:

Name:	
Address:	
	...le>>

Eye Exam Results:

Right Eye (OD):	Sphere Power:		...r Power:	
	Cylinder Axis:		...y Distance (PD):	
Left Eye (OD):	Sphere Power:		...r Power:	
	Cylinder Axis:		...Add Power:	

Corrective Appliances:

Are Corrective/Additional Appliances Requi...	...Yes ☐ No

If **Yes**

Description:			
By Whom:			
Target Date:		...etion Date:	

User Name: Signature: Date:		...older/Manager: ...re:	