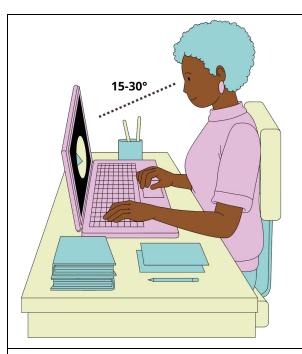


Measurement form for computer- and safety glasses

To be filled out by the employee and sent in or taken with you to the optician

Name:	Date of birth:
Employed at:	Position:



Fill in if <u>computer glasses</u> might be needed:

In your normal working position, measure the distance from your eyes to:

1. The screen (centre)		cm
2. The keyboard		cm
3. Document holder		cm
4. Measure the distance if you need to see further into the room (for example to a counter)		cm
5. Do you work in an open-plan office?	YES	NO
6. Number of hours spent working at the computer per day		hours

Fill in if <u>prescription safety glasses</u> are needed:

If a safety class is required, please indicate this with an X:

Work in a laboratory or workshop with low risk, safety class S:

Work involving the risk of high-speed particle impact, safety class F:

If the safety glasses are also going to be used for work at a computer, please complete the right side of this form as well.

How is your workplace designed? Please see <u>Customize your computer workplace</u> and indicate with an X:

Satisfactory
Unsatisfactory, but can be
improved by myself/the unit
Unsatisfactory

How are the lighting conditions? Please see Lighting and indicate with an X:

Satisfactory
Unsatisfactory, but can be
improved by myself/the unit
Unsatisfactory