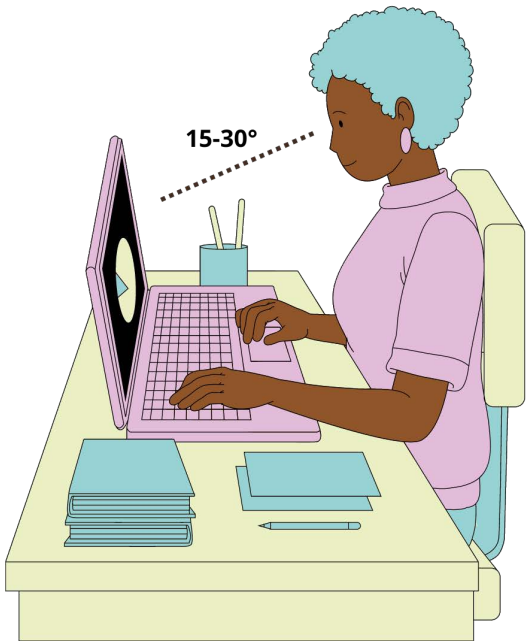


To be filled out by the employee and sent in or taken with you to the optician

Name:	Date of birth:
Employed at:	Position:

	Fill in if computer glasses 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?	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO										
YES	NO													
6. Number of hours spent working at the computer per day	hours													
Fill in if prescription safety glasses 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 Customize your computer workplace and indicate with an X: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Satisfactory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unsatisfactory, but can be improved by myself/the unit</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unsatisfactory</td> </tr> </table> How are the lighting conditions? Please see Lighting and indicate with an X: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Satisfactory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unsatisfactory, but can be improved by myself/the unit</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unsatisfactory</td> </tr> </table>		<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory, but can be improved by myself/the unit	<input type="checkbox"/>	Unsatisfactory	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory, but can be improved by myself/the unit	<input type="checkbox"/>	Unsatisfactory
<input type="checkbox"/>	Satisfactory													
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<input type="checkbox"/>	Unsatisfactory, but can be improved by myself/the unit													
<input type="checkbox"/>	Unsatisfactory													

The completed form can be sent by e-mail to your local Brilleland store [when you submit the purchase order from NTNU](#), or you can print it out and take it with you to the eye exam.