

**Application for Re-imbursement of**

**a) Eye Test**

**b) Minimum Lenses and Frames**

Safety, Health and Welfare at Work (General Application) Regulations 2007:

*“Where eye tests carried out by the doctor or optometrist reveal that particular lenses are required for VDU work, the cost of minimum requirement frames and lenses must be borne by the employer, taking account of any social welfare entitlement that might apply. Where an employee already wears glasses to correct a visual defect (normal corrective appliances), and routine change of lenses arises, if these glasses are adequate also for VDU work, the employer is not liable as regards meeting the cost. The cost of dealing with more general eye problems which are revealed as a result of the tests and which are not directly related to working with a VDU is a matter for the employee as part of his or her general health care, taking account of health care entitlements.”*

**Notes:**

1. City of Dublin ETB will pay the cost of the eye test, less any social welfare entitlement.
2. If your eye test shows that you require particular lenses for VDU work, the cost of minimum requirement frames and lenses will be paid by City of Dublin ETB, less any social welfare entitlement.
3. If you already wear glasses and routinechange of lenses arises, if these glasses are adequate also for VDU work, City of Dublin ETB is not liable for costs.

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| **Ophthalmic Optician/Optometrist** | | | | | | | | | | |
| Name of Ophthalmic Optician /Optometrist | | |  | | | | | | | |
| Address | | |  | | | | | | | |
| Contact Number | | |  | | | Email | |  | | |
| I am conversant with the standard recommended by the Association of Optometrists Ireland for VDU operators and in my opinion the above-named patient satisfies the standards for use with VDU: | | | | | | | | | | |
| Patient’s current frames/lenses | | | Are satisfactory for VDU use | |  | | Are not satisfactory for VDU use | | |  |
| Particular Lenses are required for use with VDU | | | | Yes |  | | No | |  | |
| Cost of Minimum requirement frames and lenses | | | | | € | | | | | |
| Social Welfare Entitlement for frames and lenses | | | | | € | | | | | |
| Social Welfare Entitlement for eye test | | | | | € | | | | | |
| PRSI Funded Eye Test | | Yes | |  | No | | |  | | |
| Social Welfare Entitlement for eye test | | | | | € | | | | | |
| **Sign off by Ophthalmic Optician/Optometrist** | | | | | | | | | |
| Name of Ophthalmic Optician/Optometrist completing this form: | | | | |  | | | | |
| Signature of Ophthalmic Optician /Optometrist: | | | | |  | | | | |
| Date: | | | | |  | | | | |

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| **PERSONAL DETAILS** | | | | | | |
| Name of Staff Member |  | | | | | |
| Staff Number |  | Centre |  | | | |
| Contact Number |  | Email |  | | | |
| Claim the cost of the eye test, less social welfare entitlement.\* | | | € | | | |
| Claim the cost of minimum frames and lenses, less social welfare entitlement.\* | | | € | | | |
| I confirm that the frames and lenses are minimum requirement. | | | Yes |  | No |  |
| If No, the cost of minimum requirement frames and lenses, less any social welfare entitlement applicable is: | | | € | | | |
| Signed |  | | | | | |
| Date |  | | | | | |

\*Original full receipt/s (not credit/debit card till receipt) must be attached to this application.

**This report form must be forwarded to: Human Resource Department, City of Dublin ETB, Town Hall, Ballsbridge, Dublin 4.**