Name:
Date:

VDT EVALUATION FORM

Rohnert Park Optometric Center Fax (707) 584-1387

Time spent at VDT: _____ hours per day
Work is performed while: Sitting _____ Other _____
(Please describe) _____
Lighting in work area: (Please describe) _____

Are you experiencing any of the following symptoms while at your VDT?
(Check where appropriate)

- ❑ Headaches
- ❑ Blurred near vision
- ❑ Blurred distance vision
- ❑ Slowness in focusing (distance to near and back)
- ❑ Double vision
- ❑ Sore or tired eye (strain)
- ❑ Glare (light) sensitivity
- ❑ Dry or watery eyes
- ❑ Burning, itching or red eye
- ❑ Neck and shoulder pain
- ❑ Back pain

Do you wear glasses while working at the VDT?
(If yes, please bring them with you to the eye exam) ❑ Yes ❑ No

Do you wear contact lenses while working at the VDT?
(If yes, please bring them with you to the eye exam) ❑ Yes ❑ No

Do you view reference materials while working at the VDT? ❑ Yes ❑ No
If yes, what percentage of the time? _____

In order for the doctor to accurately assess your occupational vision needs and possible appropriate eyewear, the following information must be completed.

DISTANCES/DIRECTION:	**2ND READING**
Viewing distance (eye to VDT screen) is _____ inches.	_____
Viewing distance (eye to VDT keyboard) is _____ inches.	_____
Viewing distance (eye to reference material) is _____inches.	_____
List any other reference materials distance: _____inches.	_____

The **center** of the VDT screen is (circle one): above, equal to, below) eye level by how many inches?____

The **top** of the VDT screen is (circle one): above, equal to, below) eye level by how many inches?____

Reference material is (circle one: above, equal to, below) eye level.

If above or below, by how many inches? _____

PLEASE READ:

1.) **Have someone else take the measurements.** It is best to be in your natural working position to be accurate.
2.) If you use more than one computer or reference material, Please take measurements for **ALL.** Measure to center of reference material.
3.) Anything that you need to see that is not listed, please add the measurements: ex. Calculator, typewriter, bulletin board, etc. In addition, if you read or write when not using the computer, please add this.
4.) Please bring this completed sheet on your exam day.

Thank You!