

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)

- | | |
|--|--|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Sore or tired eye (strain) |
| <input type="checkbox"/> Blurred near vision | <input type="checkbox"/> Glare (light) sensitivity |
| <input type="checkbox"/> Blurred distance vision | <input type="checkbox"/> Dry or watery eyes |
| <input type="checkbox"/> Slowness in focusing
(distance to near and back) | <input type="checkbox"/> Burning, itching or red eye |
| <input type="checkbox"/> Double vision | <input type="checkbox"/> Neck and shoulder pain |
| | <input type="checkbox"/> 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?
If yes, what percentage of the time? _____ Yes No

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!