

G 37 VDU workplaces

Surname	_____	First name	_____
Address: street	_____		
Postcode, town	_____		
Employer	_____		
Address: street	_____		
Postcode, town	_____		
Place of work	_____		
Kind of job	_____		

Date _____ Initial examination Follow-up examination

1 General anamnesis

1.1 Sight problems (e.g. blurred vision, lacrimation, seeing double, pain, feeling of pressure, burning sensation, pain on moving the eyes, itching) yes no

at work yes no

when reading yes no

1.2 Glasses or contact lenses for the far range yes no

the near range yes no

the near and far ranges yes no

bifocals trifocals varifocals contact lenses

Date of the last prescription for glasses _____

1.3 Eye disorders (e.g. injuries, operations, allergies) yes no

Which? _____

Special aids for persons with visual disabilities yes no

1.4 Symptoms of the postural and locomotor system yes no

Which and since when? _____

1.5 Disorders or symptoms of the nervous system (e.g. migraine, headaches, dizziness) yes no

1.6 Metabolic disorders (e.g. diabetes, thyroid function) yes no

1.7 High blood pressure yes no

1.8 Long-term medication yes no

Which? _____

2 Work anamnesis

2.1 Instruction in working at a visual display unit (VDU) yes no

2.2 Working time at a VDU hours/day

First Special medical examination

visual acuity with optimal correction

normal

far range

VDU distance

near range

visual field

yes no

R	L
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R	L
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R	L
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colour vision yes no

phoria yes no

Second Special medical examination

far range

VDU distance

near range

stereopsis yes no

R	L
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R	L
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R	L
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phoria yes no

stereopsis yes no

Comments

Results

no concern about health

no concern about health under certain conditions*

concern about health*

Supplementary examination required

Next examination month/year

*** Recommendations**

Date, stamp, signature of the physician