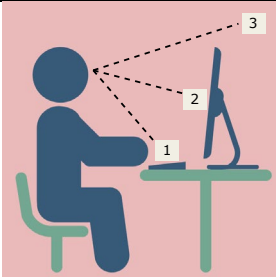




UMEÅ UNIVERSITY

Order form for eye examination, computer glasses and safety glasses

Order information	
Name:	
Department/office/equivalent:	
Personal identity number:	
Phone number:	
Email:	
Order covers (tick in):	Eye examination Computer glasses Safety glasses
Number of screen hours per day:	
Describe your symptoms (in consultation with the occupational health service):	
	1. Distance to keyboard (in cm): 2. Distance to screen/screens (in cm): 3. Need for multifocal lenses (yes/no):
Date:	Department or office invoice reference number (format 1234ABC):
Authorised manager's name:	Authorised manager's signature (can also be signed in EduSign):
Authorised manager's phonenumber:	Authorised manager's email: