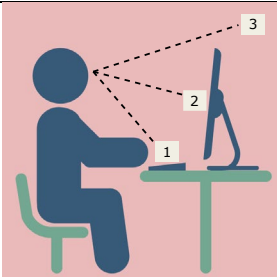




# UMEÅ UNIVERSITY

## Order form for eye examination, computer glasses and safety glasses

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