

# LETTER NOTING RESULTS OF VISION SPECIALISTS EXAMINATION

RE: EMPLOYEE VDT USE EYE TEST

Dear Eye Care Practitioner:

We would be grateful for your assistance in providing information regarding our employee's eye examination as related to their Video Display Terminal Use.

Each eligible employee will complete our questionnaire which is to be submitted to you for review. We would be grateful if you would test the employee for any effect of VDT use on their eyesight and note below the results of your examination.

You may call me at (808) 961-3756 if you need further information.

Sincerely,

Susan O'Neal  
Principal Human Resources Associate

- \_\_\_\_\_ 1) No prescription needed
- \_\_\_\_\_ 2) Current prescription is sufficient
- \_\_\_\_\_ 3) Special eyeglass prescription needed for VDT use specifically

\_\_\_\_\_  
Physicians Signature

\_\_\_\_\_  
Date