

VDU (Video Display Unit) Eye Examination/ Bildschirmarbeitsplätze (G37)

Date:

Surname, first name	
Date of birth	
Place of birth	
Postal code and residence	
Street and house number	
Phone number	
Current job position	
Employer	
Department/branch/division	

General anamnesis

1. **Eye diseases?** (including injuries, surgeries, allergies etc.) **yes** **no**

If yes, please specify: _____

2. **Discomfort during VDU activity?** **yes** **no**

3. **Vision problems or ailments?** **yes** **no**

tears double vision pain pressure stinging/burning itching sensitivity to bright light

4. **Type of glasses/contact lenses (please select)**

Please specify:

- distance glasses
- near vision glasses
- near vision and distance glasses
- contact lenses

- Bifocal
- Trifocal
- Progressive addition

5. **Date of the latest eyeglass prescription:** _____

6. **Ailments of the musculoskeletal system?** **yes** **no**

7. **Problems or ailments of the nervous system?** **yes** **no**

(e.g. migraine, headache, dizziness)

8. **Metabolic diseases?** (diabetes, thyroid dysfunction) **yes** **no**

9. **High blood pressure?** **yes** **no**

10. **Long-term medication?** **yes** **no**

If yes, please specify which ones:

Work related anamneses

Working hours at the screen (hours/day) _____

Is the size of the monitor sufficient for your work? / Size in inches: _____ **yes** **no**

Sufficient illumination? **yes** **no**

Switching between monitor work, reading and visitor contact? **yes** **no**

