

RNLI Lifeguard Eyesight Assessment



To be completed by the Individual and their Optician

This information is requested in order to assist the RNLI Occupational Health department to make an assessment of fitness to perform your safety critical role and as to whether you meet the current standards set by the RNLI for the role.

Please arrange for the following information to be completed by your optician. If your last eyesight test was completed within the past 12 months, then the results from this test can be used. If you have not had your eyesight tested within the past 12 months, please arrange to undertake an eyesight test to obtain the below information.

Please ensure that you remove any contact lenses at least one hour before testing to ensure accurate results.

PERSONAL DETAILS

To be completed by the Individual

Surname	<input type="text"/>	Forenames	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>
Home Telephone No	<input type="text"/>	Mobile	<input type="text"/>
Email Address	<input type="text"/>		
Date of Birth (dd/mm/yyyy)	<input type="text"/>	Position	<input type="text"/>
Location	<input type="text"/>		

VISUAL ASSESSMENT

To be completed by the Optician

Date of last eyesight test with an Optician (dd/mm/yyyy)

Does the individual wear:

	YES	NO		YES	NO
			Glasses		
			Contact Lenses		

Reason Worn

VISUAL ACUITY

Please note, if individual wears contact lenses, they must be removed at least an hour before visual acuity is tested to ensure accurate results.

Uncorrected Vision – What is the uncorrected vision, as tested using the Snellen's chart?

<input type="text" value="R.6 /"/>	<input type="text" value="L.6 /"/>	<input type="text" value="Binocular 6 /"/>
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Corrected Vision – What is the corrected vision, as tested using the Snellen's chart?

(If uncorrected vision is outside 6/6 in one eye and 6/12 in the worse eye)

<input type="text" value="R.6 /"/>	<input type="text" value="L.6 /"/>
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Visual Fields YES NO

Are the visual fields normal (when tested by confrontation)?

Surname Forenames DOB

Personnel No

HISTORY OF OCULAR PROCEDURES & LASER SURGERY

Have any ocular procedures been carried out, including squint surgery and refractive procedures? **YES NO**

If YES, please give details below

If any laser refractive surgery has been carried out, the following questions must be answered

1. When was the procedure carried out and by whom?

2. How has the individuals vision changed following the procedure?

YES NO

3. Does he/she find that sunlight is dazzling?

4. When looking at a light in the dark, is it distorted like a sunlight burst?

5. Does he/she have intermittent pain in the eyes, especially on awakening in the morning?

6. Is his/her night vision affected?

7. What is the state of health of the cornea?

Have you any other observations about the individuals eyesight that may be relevant to the effective execution of their safety critical role? **YES NO**

If YES, please give details below

CONFIRMATION AND ASSESSORS DETAILS

To be completed by the Optician

I certify that I have assessed the named individual and my findings are recorded in this report.

Signature	<input type="text"/>	Assessment Date (dd/mm/yyyy)	<input type="text"/>
Full Name	<input type="text"/>		
Qualifications / GMC/IMC no.	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>
Telephone No	<input type="text"/>	Email Address	<input type="text"/>

Surname Forenames DOB

Personnel No

DECLARATION

To be completed by the individual

By completing this assessment and submitting this form to the RNLI Occupational Health department, I confirm that the following has been read, understood and agreed to;

- This information has been requested in order to assist the RNLI Occupational Health department to make an assessment as to whether I continue to meet with the current RNLI medical standards.
- The information provided is accurate and that I have not withheld any details. I am aware that providing false information or withholding information could subsequently result in being stood down from RNLI activities. I understand that making a false declaration is a contravention of the RNLI's Volunteer Commitment and RNLI's Code of Conduct and can lead to the ceasing of the Institution's volunteer or employment arrangement.
- I confirm consent for the information provided for this assessment being processed and held by the RNLI Occupational Health department on a computer or Manual filing system in accordance with the confidentiality requirements of relevant Data Protection legislation.
- The RNLI's Occupational Health department may advise RNLI management on my fitness to complete my safety critical role.

Signature

Date (dd/mm/yyyy)

Full Name

NEXT STEPS;

Please check that all areas have been answered correctly with additional detail where required.

Once completed, this form should be sent to the RNLI's Occupational Health Department, marked as 'Private and Confidential'; together with any accompanying documents necessary for the assessment.

Once completed and submitted, this form will be reviewed by the Occupational Health department and on occasions there may be a requirement for Occupational Health to get in touch with the assessor or individual to discuss any information provided. All information provided will be held in accordance with appropriate Data Protection legislation.

Fax / 01202 336982 (ROI 0044 1202 336982)

Address / FAO Occupational Health, RNLI, West Quay Road, Poole, BH15 1HZ

Freepost Address (UK) / FREEPOST RNLI, FAO Occupational Health, RNLI, West Quay Road, Poole, BH15 1HZ

Any enquires about this form or associated processes should be directed to the RNLI Occupational Health department via:

Email / OHServices@rnli.org.uk

Telephone / 01202 663567 (ROI 0044 1202 663567)

Surname

Forenames

DOB

Personnel No