

GARY L. ETTING, O.D. AN OPTOMETRIC CORPORATION

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COMPUTER USER'S VISION CARE CHECKLIST

Name _____ Date _____

How long have you been a computer operator? _____

How many hours a day do you use a computer? _____

What color is the print on your monitor? _____

Please indicate type(s) of computer work you perform:

- word processing
- programming
- data entry
- data acquisition
- other

Please enter the working distance:

From your eyes to the center of the computer screen _____

From your eyes to the keyboard _____

From your eyes to source documents _____

Please indicate the position of your computer:

Is the top of the screen-

- above your straight ahead eye level
- at your eye level
- to your left
- to your right

Is the computer screen located-

- directly in front of you when seated
- to your right
- to your left

Are your source documents located-

- directly in front of you when seated
- to your right
- to your left
- flat (horizontal) or vertical

Do you experience any of the following lighting problems in your work area?

- glare from windows or other light sources
- reflections on your computer screen
- difficulty reading source documents

What is your light source? _____

Do you wear glasses or contact lenses for computer work? glasses contact lenses

Please describe any problems that you have with your current glasses or contact lenses for computer work. _____
