One of these boxes must be checked. If the form is signed by a parent, carer or guardian they must print their name. If the parent, carer or guardian's address is different to the patient then they must also print their address.

Date of last sight test must be completed. mm/yy or >2years, 1st test, unknown or equivalent are acceptable.

Must include enough detail to easily identify the school, college or university, if required in relation to the patient's eligibility criteria.

Must include enough detail to easily identify the GP, Local authority, hospital or prison, if required in relation to the patient's eligibility criteria.

One of these boxes must be checked.

If the form is signed by a parent, carer or guardian they must print their name. If the parent, carer or guardian's address is different to the patient then they must also print their address.
The outcome of the sight test must be checked.

If a voucher has been issued, the type must be indicated.

The appropriate code should be entered if the sight test has been carried out earlier than the interval recommended in the Memorandum of Understanding on Frequency of Sight Tests (see Vouchers at a Glance).

n.b. A performer who is a contractor signatory must sign both the Performer and Contractor declarations.

A Performer who is also a Contractor must sign the declaration at the bottom of the form but does not need to sign here. Claim forms signed here only (in the Performer’s declaration) are regarded as non-compliant by NHS England and will be rejected by PCSE.

A performer who is a contractor signatory must sign both the Performer and Contractor declarations.

If the declaration is being signed by a Performer who is a contractor or contractor signatory, they must enter their Performers List number here.