



Ergonomic Assessment Request Form

Please send the completed and signed form to Matt Fay-OEHS Coordinator Office # MC-219A1

Section 1: Pre-Assessment

Please complete the following prior to your workstation assessment.

Name:	Age:	18-39	40+	Work computer use:	hrs/day
Job Title:	Gender:	Female	Male	Home computer use:	hrs/day
Location:	Proficient typist:	Y	N	Average phone use:	hrs/day
Email:	Use numeric keypad:	Y	N	Rest breaks:	breaks/hr
Extension:	Corrective lenses:	Y	N	Dominant hand:	Left Right Both
Height:	Lenses:	Reading	Bifocal	Trifocal	Progressive Computer

Reason for requesting assessment: **General Assessment** **Workers Comp** **Medical Note**

Section 2: Discomfort Survey

	Pre-Assessment			
	Do you experience discomfort in your:	During the last several weeks, how severe would you rate your discomfort?		
		Slight	Moderate	Severe
Neck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back, Upper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back, Lower	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eyes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shoulder	<input type="radio"/> left <input type="radio"/> right	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper arm	<input type="radio"/> left <input type="radio"/> right	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elbow	<input type="radio"/> left <input type="radio"/> right	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forearm	<input type="radio"/> left <input type="radio"/> right	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wrist	<input type="radio"/> left <input type="radio"/> right	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand	<input type="radio"/> left <input type="radio"/> right	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hip	<input type="radio"/> left <input type="radio"/> right	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thigh	<input type="radio"/> left <input type="radio"/> right	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knee	<input type="radio"/> left <input type="radio"/> right	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foot	<input type="radio"/> left <input type="radio"/> right	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 3: Ergonomic Prevention

<p>Have you done the Keenan online ergonomic training session?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Check the box(s) if you have reviewed the following resource materials? (found online at: http://sdccdergo.org/resource-library/)</p> <p><input type="radio"/> Healthy Posture and Desk Set-up</p> <p><input type="radio"/> 5 Steps to Setting Up Your Work Station</p> <p><input type="radio"/> Computer and Desk Stretches</p>
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Section 4: Approvals

Employee:	Date:
Supervisor:	Date:
Dean:	Date:

Office Use Only:

Date Received:	Assessment Date:	Installation Date:	Reassessment Date:
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