Phone: Building / Room Number:

Department: Job Title:

Departmental Supervisor: Phone:

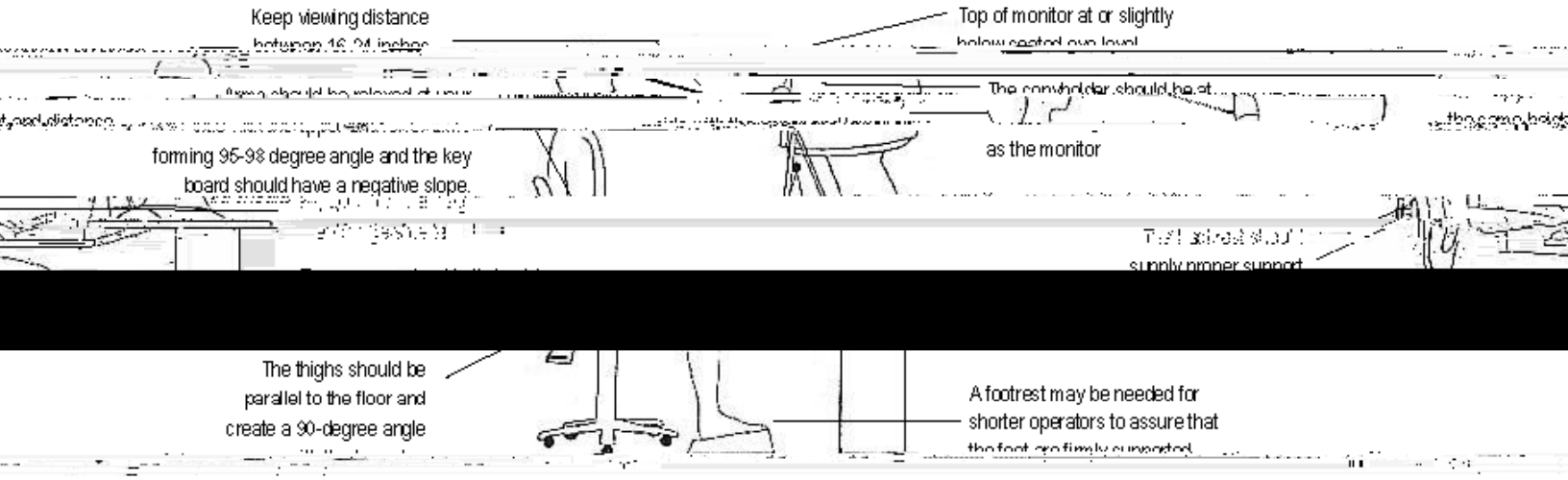
Average Daily PC Usage: ☐ 0-2 Hours ☐ 2-4 Hours ☐ 4-6 Hours ☐ 6+Hours

CTD Symptoms: ☐ Yes ☐ No

Follow-Up: ☐ Yes ☐ No Follow-Up Date:

Comments:

Correct Sitting Posture



Recommendations

☐ Yes ☐ No ☐ Footrest

Upper legs parallel to floor? ☐ Yes ☐ No ☐ Raise chair ☐ Lower chair

Lower back supported? ☐ Yes ☐ No ☐ Adjust back rest, seat pan, arm rest

Seat pan length OK? ☐ Yes ☐ No ☐ Evaluate other chairs

☐ Other

Chair

Feet flat on floor? ☐