



Name:

Welcome to our Live, On-Demand Telehealth Ergonomic Assessment. To get started, we'll need some information to from you:

1. Please enter your height here: _____
2. Please identify which of the following areas are most fatigued over the workday
 - a. Vision _____
 - b. Wrist / Hands _____
 - c. Forearms _____
 - d. Shoulders / Upper Arms _____
 - e. Neck _____
 - f. Upper Back _____
 - g. Lower Back _____
3. Using your phone, let someone photograph you at your workstation from the four following angles – plus the bottom of your chair (optional) – and upload the photos prior to our visit.
 - a. Full Body – Left View
 - b. Full Body – Right View
 - c. Full Body – Back View
 - d. Full Body – Top View
 - e. Optional – Underside of chair include the paddles