



Occupational Health and Wellness

Ergonomic Assessment Request

*Please return by fax to 519-780-1796

Or by email to ohw@uoguelph.ca

Employment Information	
Full Name:	
Position Title and Role Summary:	
Department:	
Bargaining Group:	
Office Location:	
Telephone #	
Supervisor Name:	
Supervisor Email:	
Supervisor Extension:	

Ergonomic Assessment Request. Please indicate reason for assessment below

Signatures			
Requested By:			
	Printed	Signature	Date
Supervisor			
	Printed	Signature	Date