

Please provide the following information to assist with preparation for your upcoming ergonomic assessment. Confidentiality of personal health information will be protected and will not be released to anyone outside of Occupational Health and Wellness without your informed written consent, in keeping with our policies and practices. This form must be completed and received in Occupational Health before appointments can be booked.

Section 1: Employee Information

Name: (First Name/Surname)	Department:	Date: (mm/dd/yyyy)
Email:	Position:	Building and Room #:
Phone Extension:	Bargaining Group (as applicable):	Supervisor:

Have you had a previous ergonomic assessment? Yes No

If yes and available, please attach the report you received.

Is this assessment request a: preventative measure or related to a specific concern? Please specify:

Have you discussed your request for an ergonomic assessment with you supervisor? Yes No

If not, please advise your supervisor and complete the [Request for Ergonomic Assessment form](#) prior to proceeding with this form.

Section 2: Work Information

Typical work hours per day: _____

Typical Duties	Estimated Percentage of day	Provide Comments
Computer Work		(i.e. typical programs used)
Paperwork		(i.e. editing, reading writing)
Meetings		(i.e. taking minutes, speaker)

Typical Duties	Estimated Percentage of day	Provide Comments
Filing/Sorting		(i.e. drawer heights)
Telephone		(i.e. multitasking with phone or notes)
Photocopying		(i.e. walking distance to machine, frequency)
Other		(i.e. teaching, cooking, benchwork)

Please indicate the estimated percentage of workday time spent using the following computer input methods:

Computer Input Method	Percentage
Mouse - L_____ or R_____	
Letter Keys	
Number Keys (Pad)	
Secondary Functions (F2, Tab etc.)	

Please indicate the estimated percentage of workday time spent using the following computer interaction methods:

Computer Interaction Method	Percentage
Using the computer independently (for example email)?	
Combining computer work with reading and/or writing paperwork (for example transcribing, editing)?	
Combining computer work with meeting and/or interacting with others?	
Using the telephone while using the computer?	

Do you use a laptop for work? Yes No

Section 3: Employee Health Information

Do you use corrective lenses: None Single lens glasses Bi/Tri-focal/progressive Contact lenses

If you wear bi/tri-focal/progressive lenses, what part of the lens do you look through?

Action	Bottom	Middle	Top
To view the computer screen			
To read paper documents			
When speaking with people			

Using the following diagram, please indicate the areas in which you currently experience discomfort (if any) and the severity of the discomfort.

Are you currently receiving treatment(s) for your discomfort: Yes No

Additional Comments:

Section 4: Self-Evaluation of Computer Workstation

Follow this self-test to determine if your workstation is adjusted properly. If your set-up is not correct, review and implement the corrective options.

Type of Assessment	Please check yes or no (yes, indicates proper set-up)		Corrective Options	Corrected option implemented?	
Seating Assessment	Yes	No	Corrective Options	Yes	No

Are your feet flat on the floor?			- Raise/lower your chair to the appropriate level such that your feet are flat on the floor - Use a footrest if keyboard requires an elevated height (please see keyboard assessment below)		
Are your thighs parallel with the ground?			- Raise/lower your chair to the appropriate level such that your thighs are parallel to the ground		
Is chair supporting the small of back?			- Adjust level of back rest to fit small back		
Do armrests provide support while relaxing shoulders comfortably and bending elbows to 90 degrees?			- Raise/lower height of armrests to appropriate height such that support is provided while relaxing your shoulders comfortably and bending your elbows to 90 degrees - Adjust width of armrests to bring them close to your sides - Only use armrests during short pauses from typing		
Keyboard / Mouse Assessment	Yes	No	Corrective Options	Yes	No
Is your wrist flat while using your keyboard and mouse?			- Adjust seat height so mouse and keyboard sit just below wrist level (use footrest if this brings your feet off of the floor) - Raise/lower adjustable desk height surface (if present), so desk is positioned just below elbow height while feet are positioned flat on the floor - Retract keyboard legs - Support arms on armrests occasionally		
Is your wrist straight while using your keyboard and mouse?			- Ensure enough surface on desktop or keyboard tray for mouse use - Align keyboard with midline of body and bring mouse as close to user as possible		
Workspace Assessment	Yes	No	Corrective Options	Yes	No
Are your frequently used items close?			- Arrange frequently used desktop items closer to minimize reaching		
Monitor Assessment	Yes	No	Corrective Options	Yes	No
Is your neck in a neutral position for most of the work time (i.e. not			- Raise/lower/centre monitor so eyes are in line with top line of text		

looking up/down, or twisting, repetitively or for a long duration)			- Bifocal wearers may need to lower monitors to align with bottom of their lenses - If frequently referencing documents, use a document holder to align papers between keyboard and monitor - Monitors should be directly in front of user. If using dual monitors equally, align seam of monitors with midline		
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Employee Signature: _____ Date: _____