

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

Chair

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

Feet flat on floor?