



Ergonomic Evaluation Request Form

Complete the top portion of this page and email to ergo@ycparmia.org

<u>Request Date:</u>	<u>Member Agency:</u>	<u>Department:</u>	<u>Address:</u>
<u>Employee Name:</u>	<u>Employee Phone:</u>	<u>Employee Email:</u>	
<u>Supervisor Name:</u>	<u>Supervisor Phone:</u>	<u>Supervisor Email:</u>	
<u>Person Submitting Request:</u>		<u>Person Submitting Request Email:</u>	
<u>Areas of Concern (mark all that apply and provide description):</u>		<u>Additional Information/Comments:</u>	
<input type="checkbox"/> Neck <input type="checkbox"/> Upper Back <input type="checkbox"/> Shoulders (R / L) <input type="checkbox"/> Elbow (R / L) <input type="checkbox"/> Wrists (R / L) <input type="checkbox"/> Hands (R / L)	<input type="checkbox"/> Lower Back <input type="checkbox"/> Tailbone <input type="checkbox"/> Upper Legs (R / L) <input type="checkbox"/> Lower Legs (R / L) <input type="checkbox"/> Feet (R / L) <input type="checkbox"/> Other (please describe):		
Has a claim been filed? <input type="checkbox"/> No <input type="checkbox"/> Yes; Date: _____ If yes, please provide a description of claim			

YCPARMIA Evaluation

Initial Follow Up - initial eval completed on: _____

<u>Evaluated By:</u>	<u>Date:</u>
<u>Observations:</u>	
<u>Recommendations:</u>	