

ELECTRONIC ERGONOMIC EVALUATION REQUEST FORM

Date: _____ E-mail: _____
 Employee Name: _____ County Hire Date: _____ Employee Phone: _____
 Job Title: _____ Suite/room #: _____ City: _____ zip code: _____
 Physical work address: _____
 Department: _____ Dept. WC Coordinator: _____
 Supervisor: _____ Supervisor Email & Phone: _____
 Open WC Claim? _____ WC Claim # _____ DOI: _____ Adjuster: _____
 Prior Ergonomic Evaluation? _____ When? _____ Ergonomist: _____

Reason for ergonomic evaluation request:

*Include description of your current workstation
 (example: Remote worker (where), lab, dual workstation,
 alternate work location)*

<p>Do you have RSI Guard?</p> <p>Height : Weight:</p> <p>Description of daily work tasks:</p> <p>I am currently in compliance with the mandatory Ergonomics and Back Safety training required every two years:</p>	<p>1. Are you concerned with your current workstation set up?</p> <p>2. Are you experiencing physical discomfort?</p> <p>3. Area of discomfort (indicate L/R/B):</p> <p>4. What task creates discomfort?</p> <p>5. How long have you experienced this discomfort?</p> <p>6. <u>Indicate work location percentage:</u></p> <p style="padding-left: 40px;">Office:</p> <p style="padding-left: 40px;">Remote:</p> <p style="padding-left: 40px;">Other:</p>	<p>7. Daily computer usage:</p> <p>8. Daily phone usage:</p> <p>9. Do you you multi-task, operating computer and phone?</p> <p>10. Do you currently use a headset?</p> <p>11. Hard copy task:</p> <p>12. Are you a touch typist?</p> <p>13. Are you left or right handed?</p> <p>14. Do you wear glasses?</p>
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I have completed this form to the best of my knowledge. I am aware this request must be approved by my supervisor, the Ergo Desk and WC adjuster (if applicable):

Employee Name: _____

Date: _____

How to submit your request form:

- * To avoid delay in processing please make sure all fields are completed before submitting.
- * Request form must be filled out electronically and submitted as a PDF form titled "Employee name-Ergo Request"
- * Submit request form to the Ergo Desk via email at ErgoDesk@co.monterey.ca.us (cc' your supervisor).
- * Allow the Ergo Desk 7 business days to confirm receipt of your request. If you do not get a confirmation email please contact the Ergo Desk to ensure it was received.
- * Your request will be reviewed for approval. If approved you will be placed on the wait list to be scheduled in the order received. Wait times may vary based on volume of request on wait-list.
- * Submit a copy of physicians note if applicable.
- * **Post evaluation-** Follow up on the status of your ergo progress; scheduling (2 weeks after submitting request), ergo report (3 weeks after eval), recommended orders/installations/adjustments (2 weeks after reviewing and signing off on your ergo report. More detailed post evaluation instruction will be listed in your ergo report.
- * Request may be denied. An email with explanation of denial will be sent to you and your supervisor.