

Ergonomic Evaluation Request

Department Name:	Department Location/Address:
Supervisor Name:	Supervisor Contact Number:
Staff Needing the Evaluation:	Staff Contact Number:
What symptoms or concerns has your employee expressed that has prompted you to request this evaluation?	<i>FOR EH&S USE ONLY</i>
	Evaluation #: _____
	WC Claim #: _____
	Evaluation is Scheduled on:
	Evaluation Scheduled By:
	Name of Evaluator:
	Recommendations Sent To Dept. on:
Recommendations Sent by:	
Supervisor Signature:	Date Submitted:
	<p><i>(*) <u>Please FAX this signed request to:</u></i></p> <p>2-2144</p> <p>(You may keep the original for your records.)</p>