

Posture Assessment Form

NB. Do not fill this form in. Please take a copy of this form and fill in the copy. Blank forms are also available from our sales office.

Please complete the Posture Assessment Form for each assessment carried out. All sections must be filled in fully and dimensions must be given in cm with the exception of height. All information given is held confidentially and used to identify the most suitable chair model for your specific requirements and needs.

User Details

Current Chair Type: _____ Quotation Only - Please Tick

Reason for Chair Request: _____ Sex: Male Female

Job Function: _____

Main Desk Activities: (i.e Typing, Writing, Telephoning) _____

How many hours per day are you based at your desk? _____

User Measurements

A: Seat Width _____ cm Height (feet/inches): _____ Weight (kgs): _____

B: Seat Height _____ cm Do you use a Footrest? Yes No Is it Height Adjustable?

C: Seat Depth _____ cm Preferred height of Backrest (if appropriate): Below shoulder blades

D: Backrest Height _____ cm Workstation Height: _____ cm On shoulder blades

E: Backrest Width _____ cm Workstation Thickness: _____ cm Above shoulder blades

Other information: _____

Special Requirements

What is the floor surface? Soft Carpet Vinyl Tile Are you allergic to any materials? _____

Carpet Tile Wood Concrete Specify: _____