Office Ergonomics E-Ergo Request Form



Submit form and photos to ccollomy@memic.com. MEMIC's Ergonomic Team will review and send an electronic report (in most cases) within two business days.

Date Submitted:		Contact Person:	
Company Name:		Email Address:	
Policy Number:		Phone Number:	
Evaluated Employe	ee's Name:		

Please indicate whether this is a preventative evaluation or if the worker is experiencing discomfort.

☐ General Evaluation ☐ Discomfort*

*If you check the "discomfort" box describe the employee's symptoms and specific body part in the space below.

Miscellaneous Questions:

Does the person wear bifocal/trifocal/progressive lens glasses? ☐ Yes ☐ No

Does the person cradle the phone between ear and shoulder when using the phone and computer simultaneously? \square Yes \square No

Help us give the best recommendations possible...

- Make sure jackets/sweaters are removed from the chair back
- If the employee has a sit/stand workstation, take all photos while seated and standing
- Make sure to include all photos requested, feel free to send more if you feel necessary

Submit your photos by attaching separately in an e-mail to ccollomy@memic.com.

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#	PHOTOS NEEDED WITH EMPLOYEE WORKING	EXAMPLES:
1.	Profile Shot with Hands on Keyboard:	
2.	Profile Shot with Hand on Mouse: Employee's hand on mouse Hold the camera at the employee's eye level Make sure to capture the whole body	
3.	Rear Shot:	
4.	 Empty Desk: Have the employee step away from the workstation Hold the camera where the employee's eye level would be Make sure to get the ground under the workstation, the workstation, and the monitors 	
5.	Staged Neutral Seated Posture Shot:	