

# Seating Assessment Form

Please complete the seating assessment form for the assessment carried out. All sections must be filled in fully to allow us to identify the most suitable chair model for your specific requirements.

## General

Name:	<input type="text"/>	Gender:	<input type="text"/>
Company:	<input type="text"/>	Date:	<input type="text"/>

Reason For Chair Request:

Main desk activities (i.e. typing, writing, telephoning etc):

How many hours per day are you based at your desk:

Do you have any medical conditions that could affect your seating requirements:

## User Details

A Your height: \_\_\_\_\_ mm      B Your weight: \_\_\_\_\_ Kg

## Chair Details

(See "Taking The Right Measurements For Your Seating Assessment" document.)

A Seat width: _____ mm	D Backrest height: _____ mm	
B Seat height: _____ mm	E Backrest width: _____ mm	
C Seat depth: _____ mm	F Armrest height / width: _____ / _____ mm	
G Preferred height of backrest:		
Below shoulder blades <input type="checkbox"/>	On shoulder blades <input type="checkbox"/>	Above shoulder blade <input type="checkbox"/>

## Work Station Details

A Do you use a footrest: Y/ N	B If yes, is it height adjustable: Y/ N
C Workstation height: _____ mm	D Workstation width: _____ mm

## Other Information

## Special Requirements

What is the floor surface (*Please circle*):    Soft Carpet    Vinyl    Tile Carpet    Wood    Concrete / Tile

Are you allergic to any materials, if so please specify: