



## Remote Ergonomic Evaluation Request

Please complete and send to: [Kelly.Podsedly@genexservices.com](mailto:Kelly.Podsedly@genexservices.com)

Date		Referral Source	
Employee Name			
Position Title		Email	
Employer		Phone	
Office Phone Number		Mailing address	
Email		Claim number	
Requested Evaluation	<input type="checkbox"/> Initial <input type="checkbox"/> Follow Up	Who to contact for scheduling	
Time in position	Years: <b>enter text.</b> Months: <b>enter text.</b>	Notes	.

### EMPLOYEE DISCOMFORT AND WORKING CONDITIONS

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**1. Describe your current discomfort.**

[Click or tap here to enter text.](#)

**2. What specific work task(s) and/or equipment, if any, do you think contribute to or cause your discomfort?**

[Click or tap here to enter text.](#)

**3. Did any specific activity or event trigger your discomfort?** ☐ Yes ☐ No

If yes, describe:

[Click or tap here to enter text.](#)

**4. What do you think could improve this condition?**

[Click or tap here to enter text.](#)

**5. Are you currently seeing a doctor for this problem?** ☐ Yes (Specialty: **enter text.** Frequency: **enter text.**) ☐ No

If so, what advice or information did you receive about work schedule or restricted activities, or treatment prescribed?

[Click or tap here to enter text.](#)

**6. Did the prescribed treatment improve this condition?** ☐ Yes ☐ No

If yes, describe:

[Click or tap here to enter text.](#)

**7. Describe your Hobbies and time spent on each.**

[Click or tap here to enter text.](#)

**Any additional details you would like to provide:**

[Click or tap here to enter text.](#)

## OFFICE DETAILS

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### How many people work at your workstation?

☐ Sole occupant      ☐ Desk share (**enter text.** people)

Please insert pictures in the following fields below. You may also email pictures directly to the ergonomic evaluator

- Take a profile picture of the employee in the workstation from the side. Take it from far enough back so the chair and monitor are included in the picture.
- Take a picture showing the position of the hands and wrists while using the keyboard and mouse.
- Take a profile picture showing an activity that causes discomfort. Make sure it shows how you are interacting with the workstation.
- Please add an additional picture of the workstation that illustrates any area of concern to you.

