## Office Ergonomics E-Ergo™ Request Form

Submit form and photos to LCOps@memic.com

Requests will be completed as promptly as possible. Request marked with "Discomfort" will be reviewed with higher priority.

Date Submitted:	<b>Evaluated Employee's Name:</b>	
Company Name:	Employee Email Address:	
Policy Number:	<b>Employee Phone Number:</b>	
Policy Contact Name:	<b>Employee Preferred</b>	
	Pronoun(s):	
Policy Contact Email		
Address:		

Please indicate whether this is	preventative evaluation o	r if the worker is ex	periencing discomfort:

If Discomfort is selected, utilize the box below to describe the employee's symptom(s) and specific body part(s) in the space below.

Miscellaneous Questions: Do you / the employee		No
wear bifocal/trifocal/progressive lens glasses?		
cradle the phone between ear and shoulder when using the phone and computer simultaneously		

## 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

#	PHOTOS NEEDED WITH EMPLOYEE WORKING	EXAMPLES:
1.	Profile Shot with Hands on Keyboard:  Employee's hands on keyboard  Hold the camera at the employee's eye level  Make sure to capture the whole body	
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  Note: Provide same photo with standing desk set-up, if applicable	
3.	Rear Shot:	
4.	<ul> <li>Empty Desk:         <ul> <li>Have the employee step away from the workstation</li> <li>Hold the camera where the employee's eye level would be</li> <li>Make sure to get the ground under the workstation, the workstation, and the monitors</li> </ul> </li> </ul>	
5.	Staged Neutral Seated Posture Shot:	

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