



ERGONOMIC EQUIPMENT

RECOMMENDATIONS

Site:	Room:	Date:
Employee:	Position:	Requestor:

Equipment Recommended

Office Chair	Arm Rests ☐	Lumbar Sup ☐	Petite ☐	Large ☐
Telephone Headset (Wireless)	☐			
Footrest (Height range 4-5 inches)	☐			
Footrest (Height range 5-10 inches)	☐			
Keyboard/Mouse Tray	☐			
Keyboard/Mouse Tray (Corner desk)	☐			
Sit to Stand Desktop Adapter	☐			
Sit to Stand W/ below desk keyboard	☐			
Document Holder (Standard)	☐			
Document Holder (legal Size)	☐			
Other				

Is the employee experiencing pain related to working at their computer workstation? Yes ☐ No ☐

Does the employee have a recommendation from a doctor for an ergonomic assessment? Yes ☐ No ☐

Is the employee requesting an ergonomic assessment? Yes ☐ No ☐

Upon request, an ergonomic evaluation of your workstation can be scheduled for an in-person evaluation. Workstation evaluations are conducted by the Benefits Specialist, Mia Nelson, who is a Certified Office Ergonomics Evaluator. Please send photos of the employee sitting at their workstation and any specific elements of issue to mnelson@conejousd.org.