

Ergonomic Evaluation Request

1. Complete this form.
2. Email your completed form to medctrergo@ucsf.edu
3. You should receive an acknowledgement from the Ergonomics Department within 24 hrs.
4. If you haven't received an acknowledgement, please call Medical Center Ergonomics at 415-885-7641.

UCSF Medical Center
Ergonomics Department
2330 Post Street Suite 460

Phone: 415-885-7641

Date:
Reason for Request:

Employee Name:
Job title:
Department:

E-mail:
Direct Phone:
Cell Phone:
Location:
Other Location:
Floor/Room #:
Zip Code:

Supervisor's Name:
Direct Phone:
E-Mail:

What's the best way to contact you ?

- E-mail
 Phone
 Cell Phone

What is your shift?

Days of the week:
Hours:

For Internal Use Only

Control Number:	Assigned to:	Reassigned to:	Date Assigned:

Date Completed:

Please list specific issues prompting your request for an evaluation:

Are you a Medical Center employee? Yes No

Have you completed the online office ergonomics module? Yes No

Do you have a Workers' Compensation Claim currently open? Yes No

Do you have any accommodations prescribed by a doctor that the ergonomist should be aware of when considering recommendations for your evaluation? Yes No

How many evaluations have you had before this request? 0->9