



Human Resources

ERGONOMIC ASSESSMENT REQUEST FORM

*Note: Do not use this form if you are requesting for a medical accommodation. For medical accommodation, please contact Human Resources Coordinator Kim Hicks at hicks_k@ghc.on.ca

EMPLOYEE INFORMATION	
Name:	Position:
Department:	Location:
Supervisor:	Work Phone #:
Email: @ghc.on.ca	No. of Working Hours Per Week:
ERGONOMIC PREVENTION	
Have you reviewed the following resource materials? <input type="checkbox"/> How to Adjust Your Workstation <input type="checkbox"/> How to Adjust Your Chair <input type="checkbox"/> How to Sit at Your Workstation <input type="checkbox"/> Office Stretches	Have you ever requested an ergonomic assessment before: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your supervisor aware of your request? <input type="checkbox"/> yes <input type="checkbox"/> no	
ERGONOMIC ASSESSMENT	
Do you have any current accommodations that HR is aware of? <input type="checkbox"/> yes <input type="checkbox"/> no	
Do you have a past or current WSIB claim? <input type="checkbox"/> yes <input type="checkbox"/> no	
Reason for requesting and assessment: <input type="checkbox"/> I experience discomfort (associated with my workstation) <input type="checkbox"/> I have a new workstation or I am new to the job <input type="checkbox"/> I want to ensure my workstation is set up ergonomically correct	
Please provide details for Requesting an Assessment:	
Best Availability Dates/Times:	
SIGNATURE	
Employee:	Date of Request:

Please send the completed form to the Human Resources Department or email m_diangelo@ghc.on.ca

For Office Use Only
Recommendations:
Action Taken:



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<i>Assessed by:</i>	<i>Assessment Date:</i>