



Ergo Evaluation Questionnaire

Name: _____ EmplID: _____

Department: _____

Email: _____ Phone: _____

1) Reason for Ergonomic request.

- Discomfort
- Preventive
- New workstation
- Other: Describe _____

2) Have you had an ergonomic evaluation before?

- No
- Yes At SFSU At previous employer

3) Are you suffering from a permanent disability?

- No
- Yes. You are encouraged to contact the Disability Programs and Resource Center (DPRC). SF State provides qualified individuals with disabilities with reasonable accommodations through DPRC. They can be reached at dprcomp@sfsu.edu, or 415-338-2472.

4) Are you experiencing any discomfort?

- Neck/shoulders
- Hands/wrist
- Lower back
- Other: Describe _____



5) How tall are you? _____ feet _____ inches

6) Your dominant hand is: Right Left

7) You mouse using: Right hand Left hand

8) Do you wear Bifocals or Progressive glasses? No Yes

9) What would you like to achieve from the ergonomic evaluation?
