# Seating Assessment Form

Please complete the seating assessment form for the assessment carried out. All sections must be filled in fully to allow us to identify the most suitable chair model for your specific requirements.

## General

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Gender:** |  |
|  |  |  |  |
| **Company:** |  | **Date:** |  |

|  |  |
| --- | --- |
| **Reason For Chair Request:** |  |
|  |  |
| **Main desk activities (i.e. typing, writing, telephoning etc):** |  |
|  |  |
| **How many hours per day are you based at your desk:** |  |
|  |  |
| **Do you have any medical conditions that could affect your seating requirements:** |  |

## User Details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | **Your height:** |  | mm | **B** | **Your weight:** |  | Kg |

## Chair Details (See “Taking The Right Measurements For Your Seating Assessment” document.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | **Seat width:** |  | mm | **D** | **Backrest height:** |  | mm |
| **B** | **Seat height:** |  | mm | **E** | **Backrest width:** |  | mm |
| **C** | **Seat depth:** |  | mm | **F** | **Armrest height / width** |  **/** | mm |
| **G** | **Preferred height of backrest:**  |
|  | Below shoulder blades | On shoulder blades | Above shoulder blade |

## Work Station Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A** | **Do you use a footrest:** | Y/ N | **B** | **If yes, is it height adjustable:** | Y/ N |
| **C** | **Workstation height:** |  | mm | **D** | **Workstation width:** |  | mm |

## Other Information

|  |
| --- |
|  |

## Special Requirements

**What is the floor surface *(Please circle)*:** Soft Carpet Vinyl Tile Carpet Wood Concrete / Tile

**Are you allergic to any materials, if so please specify:**

|  |
| --- |
|  |