



# INDIVIDUAL ASSESSMENT FORM

Please answer as many questions as possible. Upon receipt of this information, we will contact you to arrange an on-site fitting. Any equipment recommended would be left with you for up to five days, for you to assess in your own situation.

Contact Name: .....

Company Name: .....

Company/Home Address: .....

Business Phone Number: ..... Fax Number: .....

Height: ..... Age: ..... Weight (Approx): ..... Sex: M/F

What physical problems are you experiencing: .....

Are you receiving treatment and by whom? .....

Do you use a mouse: ..... Are you left or right handed .....

Time spent at your computer on an average day: ..... Do you do much writing: .....

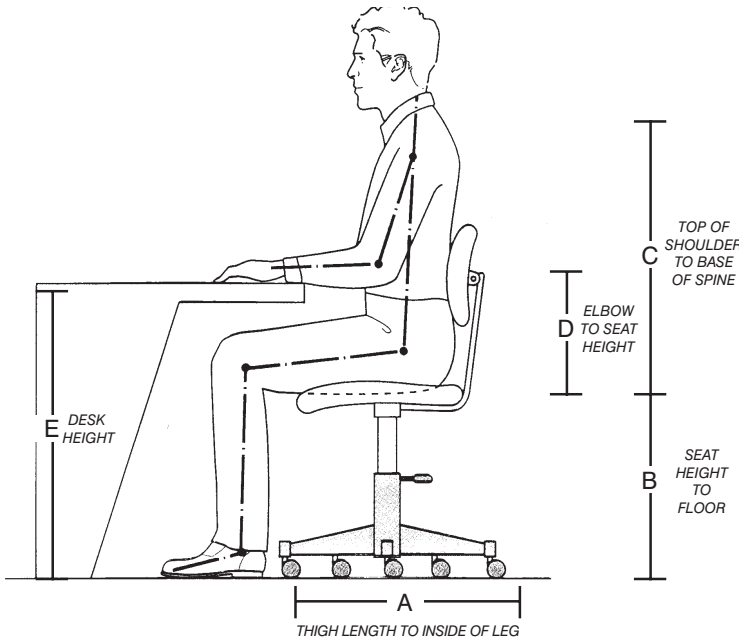
Is your VDU at eye level: ..... Do you use a footrest: .....

Is your VDU screen in front of you or to the left or right: ..... Length and depth of your desktop: .....

Please complete the following: Measurement (A) : ..... Measurement (B) : .....

Measurement (C) : ..... Measurement (D) : ..... Measurement (E) : .....

Signed: ..... Date: .....



ASSESSORS COMMENTS:

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## Denis Smyth Office Furniture

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