

Measurements Form (mm)

Referred by

Assessee name

Position

Contact no

Contact no

Email

Email

Organisation

Address

Description of musculoskeletal issues or previous injuries. Comment on any pain while seated and what makes that pain better or worse.

Weight

Height

Desk shape

Rectangle

Corner

Wave

Floor type

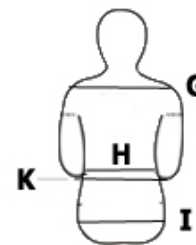
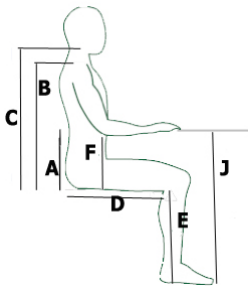
Carpet

Hard floor e.g. wooden

Options required

Armrests

Headrest



A. Height of lumbar above seat

B. Seat surface to shoulder

C. Nape of neck

D. Back of buttock to base of knee

E. Back of knee joint to floor

F. Height of elbow above seat

G. Shoulder width

H. Width across waist

I. Width across pelvis

J. Desk height

K. Elbow to elbow