

### RISK CONTROL SERVICES

### ERGONOMIC EVALUATION REQUEST

Date: \_\_\_\_\_

(All fields required)

Member City	Name of Requestor
Name of Employee	Requestor's Email
Employee's Phone	Requestor's Phone
Employee's Email	Employee's Department
Building	Floor/Room#
Employee's Supervisor	Supervisor's Email

#### Evaluation Request Details:

Reason for Request:  New Employee  Injured Worker  Discomfort

Contact:  Employee  Supervisor

Have you had a previous evaluation?  Yes  No

Please describe any symptoms or discomfort you may be experiencing:

Return your completed request to: Leonel Edwards, CEAS, AOEAS Risk Control Specialist, Sedgwick  
Email: Leonel.edwards@sedgwick.com