

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, Advanced Ergonomic Assessment Specialist, York
Email: leonel.edwards@yorkrisk.com