

# Anthropometric Data Sheet

Name:

Location:

Position:

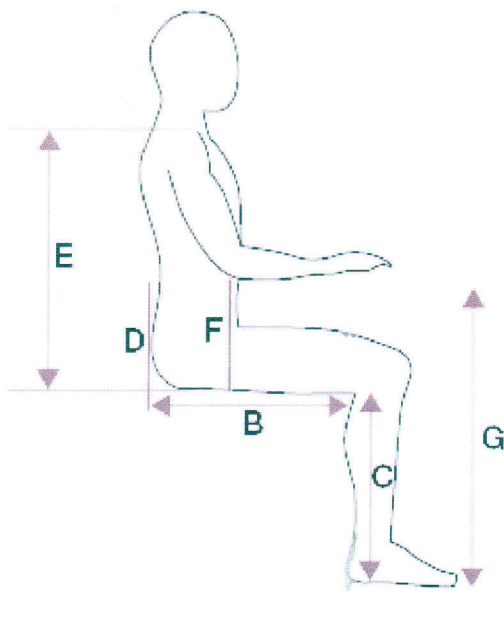
Department:

Tel:

Date:

Brief description as to the nature of the problem (i.e. area of back, neck, previous medical treatment?)

Please provide the following measurements:



A: Widest part of hips/thighs:

B: Buttocks (or straight backrest) to behind knee when sitting upright:

C: Behind knee to under heel of normal work shoe:

D: Top of seat to middle of lumbar curve:

E: Top of seat to top of shoulder:

F: Top of seat to under slightly bent elbow:

G: Desk height:

H: Weight/height of occupant:

Internal use only:

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