

SIT-STAND DESK

CLINICAL CAPABILITIES AND RECOMMENDATIONS FORM



This form allows a medical practitioner to indicate if they believe a sit-stand desk would benefit their patient (the USC staff member), and to clarify if they have any concerns regarding that staff member using a sit-stand desk.

If you have any enquiries regarding this form, or would like to speak to a member of USC's Health, Safety and Wellbeing team please contact us on: Ph: 5430 2820 or email: hsw@usc.edu.au

1.0 USC STAFF MEMBER – PATIENT/CLIENT: PERSONAL INFORMATION

Name	Date:
Position:	Department:
Brief description of the type of work undertaken (eg how much sitting is involved, is there the opportunity move away from desk to attend meetings):	

2.0 MEDICAL PRACTITIONER INFORMATION

Name (treating professional):	Date:
Name of medical practice:	

3.0 USC STAFF MEMBER/CLIENT CONDITION

Current injury/condition being treated:
Symptoms:
Is this injury (please tick one): <input type="checkbox"/> Acute (likely to be resolved in under 6 months) <input type="checkbox"/> Chronic/ongoing <input type="checkbox"/> Unsure
Restrictions associated with the injury: <ul style="list-style-type: none">• Sitting: <input type="checkbox"/> Yes <input type="checkbox"/> No• Standing: <input type="checkbox"/> Yes <input type="checkbox"/> No• Walking: <input type="checkbox"/> Yes <input type="checkbox"/> No• Bending: <input type="checkbox"/> Yes <input type="checkbox"/> No• Twisting: <input type="checkbox"/> Yes <input type="checkbox"/> No• Lifting: <input type="checkbox"/> Yes <input type="checkbox"/> No• Other: <input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered yes to any of the above, please provide details:

4.0 SIT-STAND DESK RECOMMENDATIONS

Have any alternate measures been recommended? (eg work-rest software, available at USC; ergonomic assessment to optimise desk set-up, etc.)

Yes No

➔ Please provide details of previous recommendations (alternative measures recommended) and client response:

Are there any potential risks associated with implementing a sit-stand desk? (eg aggravation of pre-existing injuries and/or medical conditions)

Yes No

➔ Please provide details:

Please indicate the frequency of position changes (ie alternating from sit to stand) you would recommend:

Are there any other recommendations for USC to consider?

5.0 MEDICAL PRACTITIONER SIGNATURE

Signature:

Date: