**FOR1598** **UNIL - Request for an individual ergonomic assessment**

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| **Principle:**  The Department of Health, Work, and Environment (DSTE) of Unisanté has an occupational health mandate for UNIL. It collaborates with the Safety, Environment, and Prevention Service of the University of Lausanne (UniSEP). Within this framework, individual and collective ergonomic services are offered to UNIL employees to advise them on measures to prevent and/or improve health problems related to posture at their workstation.  Each request will be followed by a contact as soon as possible in order to define, in an individualised manner, the most appropriate approach to respond to it (this may involve a visit to the workstation, and/or a consultation, and/or an analysis by an external consultant).  For the success of the approach, a partnership with the line manager is essential.  Following the ergonomic assessment, a restitution of the information will be presented in the form of a written report, a copy of which will be sent to the immediate manager in agreement with the employee.  If several employees in the same department are interested in ergonomic advice, a collective visit can be organised (see request for a collective ergonomic workshop). |

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| Information sheet (treated confidentially by the DSTE) |

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| **Administrative details** | |
| ***Last name, first name*** |  |
| ***Birth date*** |  |
| ***Telephone*** *(for contact)* |  |
| ***E-mail adress*** |  |
| ***Institute/Association/Faculty/Department*** |  |
| ***Name, first name and e-mail address of the line manager*** | Line manager informed of the request  yes  no |
| ***Work location***  *Building, room number* |  |
| ***Job function and contractual activity rate*** |  |
| ***Date of entry into service (current post)*** |  |

***Continued overleaf, please complete page 2***

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| **Reason for the request** | |
| ***Health problems for which the application is made: (specify if and when there has been any absence from work in the last two years)****)* |  |
| ***Main tasks performed:*** *(screen work, use of tools, risky activities, handling, contact with the public, etc.)* |  |
| ***Laterality*** | left-handed,  right-handed |
| ***Height*** | cm |

**Date:**

**Request to be sent to:** [infirmierst@unil.ch](mailto:infirmierst@unil.ch)

For any question you can contact the Occupational Health Nurses at 021 692 25 78