

Sit Stand Workstation Clinical Recommendation Form



Completion of the Computer Workstation Self-assessment Checklist and review of your workstation by your local [Work Health and Safety Coordinator](#) and/or [UQ Ergonomics and Rehabilitation Advisor](#) is a prerequisite.

This form is to be completed by the treating GP or medical specialist.

Practitioner Information			
Practitioner Name		Date	
Profession		Clinic/ Company	
Client Information			
Name (Client)		Injury currently being treated	
Treatment length		Treatment frequency	
Current Symptoms		Current sitting/standing tolerance	
Sit-Stand Desk Recommendation			
<p>Have you considered alternative measures such as ergonomics seating/equipment, work techniques and assistive software to manage your client's symptoms at work?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Comments:</p>			
<p>Based on your knowledge of the client's current and any previous injuries or medical conditions, do you foresee that a sit stand workstation may aggravate any current or pre-existing injuries or medical conditions?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Comments:</p>			
<p>Is a sit-stand workstation a physical requirement for your client to continue performing their role at UQ, considering the nature of their work and any impact on a current injury or medical condition?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Comments:</p>			
Medical Practitioner Signature			

Please return the completed form to your local Work Health and Safety Coordinator