



TESA has been designed in conjunction with a leading international Physiotherapist and Ergonomist to help you assess the ergonomic seating needs of your work colleagues or clients.

Client Details: (Kept strictly confidential)		Rehab Provider/OH&S Details: (If applicable)
Name*	E-mail*	Name E-mail
Company	Phone	Company Phone
Address	State Post Code	
Basic Measurements:		Other Relevant Client Information:
	A. Back of buttock to back of knee	Approximate weight (kg) Approximate height (mm)
1/ 1/	B. Knee joint to floor, with shoes	Estimated seated hours per day
	C. Top of shoulders to seat cushion	Existing Injury/Medical condition which could affect seating selection
C	D. Desk height, top of desk to floor	
A B D	Other relevant measurements	Lower back curvature: Flat
Seating Preferences/Requirements:		Office/Workplace Specifications:
Seat size: Small Mediu	um C Large C Extra Large C	Floor surface: Carpet
Back height: Medit	um High Extra High	Desk type: Straight Corner Cut-Out
Seat cushioning: Media	um Firm Soft	Height adjustable desk: Yes / No
Adjustable arm rests: Yes / I	No	Sliding keyboard tray: Yes / No
Headrest/Neck rest: Yes / I	No	
Chair ergo mechanism: 3-Lev	rer Synchro Asynchro	This form can simply be used as a guide to help you select an appropriate chair from Bad Backs or you can submit this form to one of our Corporate Seating Specialists in your local area.
Standard castors Glides Pressure locking Pressure release		

Send this form to your nearest Ergonomic Seating Specialist:

Sydney

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Melbourne

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Perth

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