

Consultant: \_\_\_\_\_

Location: \_\_\_\_\_

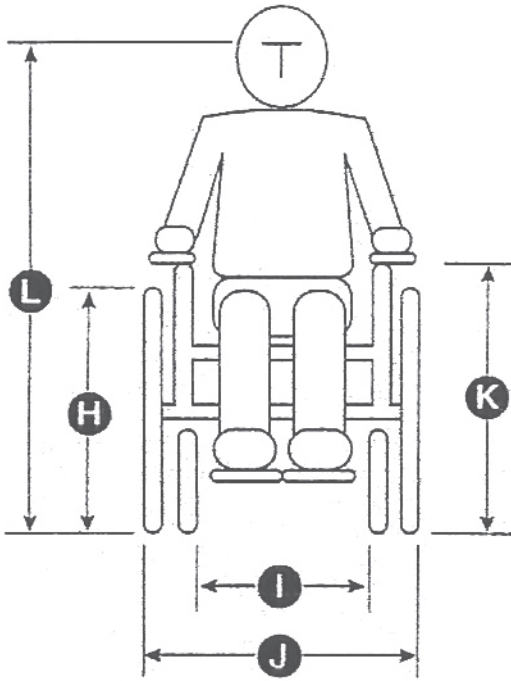
Date: \_\_\_\_\_

## Wheelchair Measurements

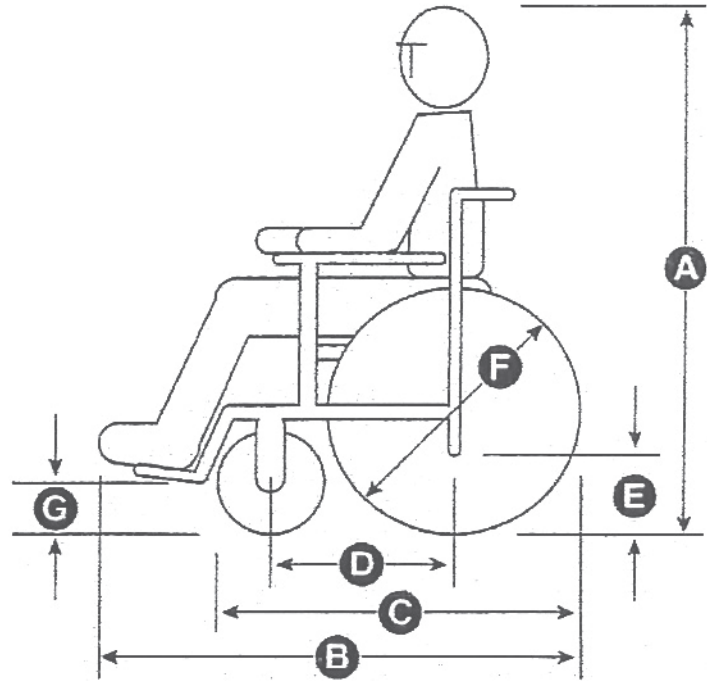
Name: \_\_\_\_\_

Wheelchair Make/Model: \_\_\_\_\_

Vehicle/Lift: \_\_\_\_\_



**Dimensions**



**Notes**

- A\* \_\_\_\_\_
- B\* \_\_\_\_\_
- C\* \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G\* \_\_\_\_\_
- H \_\_\_\_\_
- I \_\_\_\_\_
- J\* \_\_\_\_\_
- K \_\_\_\_\_
- L \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*required

**Chair Weight (lb)**

**Combined Weight (lb)**

actual    estimated