

Consultant: _____

Location: _____



Date: _____

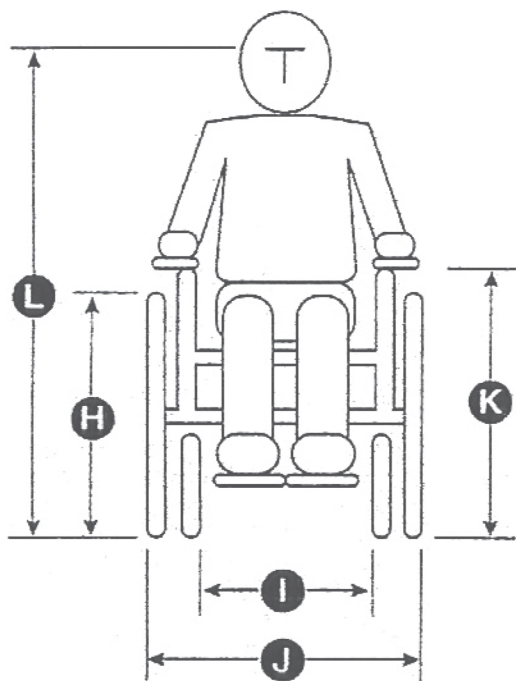
mobilityworks®

Wheelchair Measurements

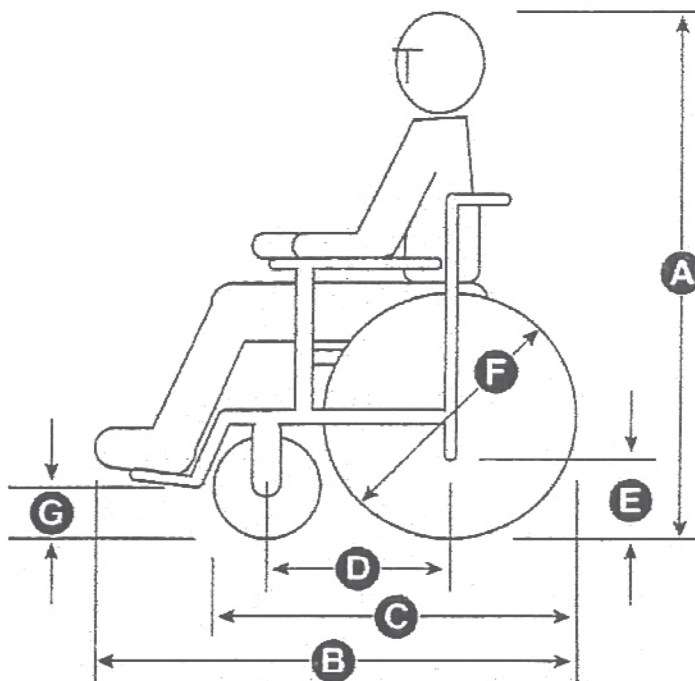
Name: _____

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