

**MC Ergonomics Request Form**

Please complete and mail/fax this form for pre-workers' compensation injury cases only to:

Workers' Compensation  
*Bulletin*

**CorVel  
Minnesota Referral Center  
Suite 610  
3001 NE Broadway St.  
Minneapolis, MN 55413-2658  
Fax: (612) 436-2499  
Questions: (612) 436-2542 or (866) 399-8541**

Date of Request	Contact Telephone Number
Contact Person at Agency	Contact Fax Number
Agency	Employee Name
Address	Address of Work Site Being Evaluated
City	City
ZIP	Zip

Reason for request \_\_\_\_\_  
\_\_\_\_\_

Directions to site \_\_\_\_\_  
\_\_\_\_\_

Authorization

The undersigned authorizes CorVel to provide this ergonomics evaluation and accepts that this agency will be billed directly for these services by CorVel in accordance with State Master Contract No. **A76653**, which sets forth a \$80 per hour rate plus travel expenses.

Date Authorized Agency Signature \_\_\_\_\_

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