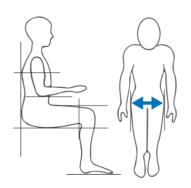


285 Old Country Road, Suite 6, San Carlos, CA 94070 (844) 699-4455 sales@whill.us

MODEL A / M Client Measurement Form

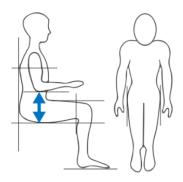
Date:	
Client Name:	
Client address: (street, city, state, zip code):	
Client height (min height is 4', max height is \leq 6'2"): _	
Client weight (maximum ≤ 220lbs):	

Hip width (between 12"-20"):_____



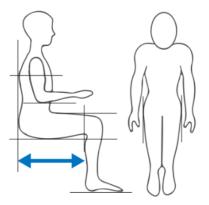
The <u>linear distance</u> between the outside of the hips, including non-compressed soft tissues. (Not circumference)

Seat to elbow (between 5"-16"):



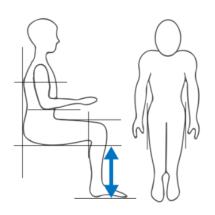
The vertical distance from a horizontal sitting surface under the buttocks to the lowest bony point of the elbow.

Upper leg length REQUIRED* (between 14"-22"):



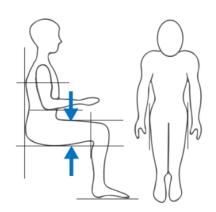
Linear distance from the most posterior point of the buttocks to behind the knee, measured parallel to the thigh.

Lower leg length REQUIRED* (between 10"-20"): _____



Maximum distance from the interior surface of the thigh immediately behind the knee to the bottom of the feet (with shoes on), measured parallel to the lower leg.

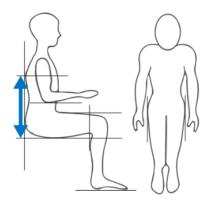
Thigh height (between 5"-10"):_____



The vertical distance from the loaded contact surface side of the seat to the highest point on the thigh.

2

Scapula height (10"-20"):_____



The distance from the sitting surface under the buttocks to the interior angle of the scapula

Comments/ Notes:			