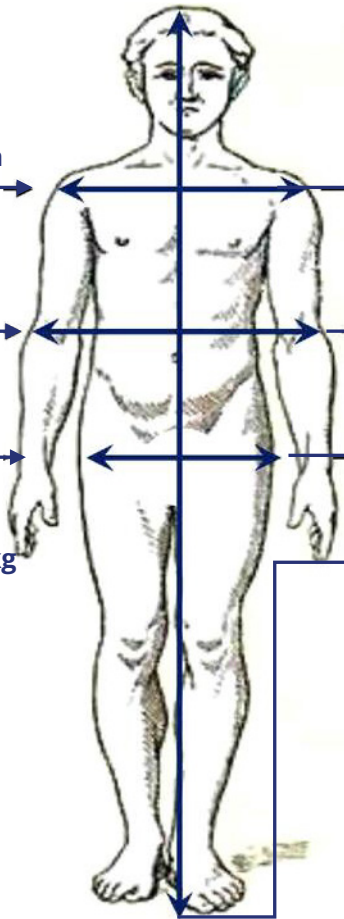




Fit Assessment for Bariatric Transports

To program the appropriate fit before each bariatric transport, please fill out this form entirely and document any transport instructions.



Maximum **shoulder to shoulder** width _____ **cm or in**

Maximum **thorax** width including both arms _____ **cm or in**

Maximum body width at the **hips** _____ **cm or in**

Patient's weight: _____ **lb or kg**

Patient's height: _____ **cm or in**

Patient's mobility
Full assist to stretcher
With assistance
No assistance

Patient's transport position
Supine
Prone
Fowlers
Semi-fowlers
Trendelenburg
Right lateral recumbent
Left lateral recumbent

Transportation Instructions

Blank area for writing transportation instructions.

_____ **Full name & title of person completing this form**

_____ **Date**