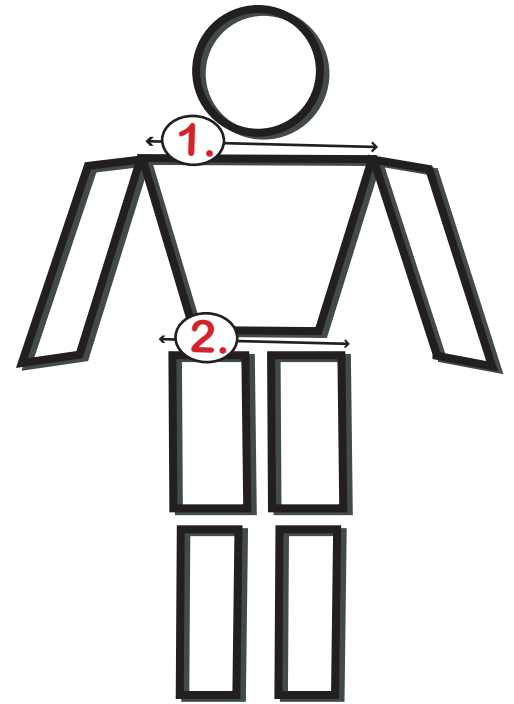


Parents Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____
 Passenger's Name: _____
 Age: _____

Measurements

1. Shoulder width: _____
 2. Hip Width: _____
 3. Seat to top of head: _____
 4. Seat to shoulder: _____
 5. Seat to inside of knee: _____
 6. Lower leg: _____
- * Can passenger sit up on their own? _____



If the total height measurement (#3, #5, & #6) exceeds 60", additional modifications are needed. The height of the seat back is 27" tall. We recommend the Highback Kit if the seating height (#3) exceeds 28" or if they need neck and head support.

The Footwell Kit is recommended if the seat to lower leg (#5 & #6) measurement is over 32". These modifications are now available as accessories.

Please do not modify the frame or wheels in any manner. Do not cut the seat in anyway. Making any modifications to the frame or seat takes away from the integrity of the stroller and can become a safety issue. Your Advance Mobility jogger carries very special cargo and we would like to keep the stroller safe.

