

Physician Consent to Perform Fit for Duty Test

Date:

TO:

Per district policy, _____ School District has requested that _____ participate in a WorkSTEPS® Fit for Duty physical capacity test to be conducted at _____. The employee will be asked to perform tests to assess posture, to measure joint ROM and strength of the affected area, to perform dynamic lifting in 4 postures, as well as a 3 minute step test. The testing requires a good safe effort under direct supervision. The candidate will also perform the following job specific tasks based upon the job analysis and the employers' input to the most difficult tasks. These are the job specific requirements for the positions of _____.

Job Specific Task will include:

1. _____
2. _____
3. _____
4. _____

Physician Consent:

Since _____ is under your care as a physician, we need your consent for the candidate to participate in the Fit for Duty physical capacity testing.

- Yes, the candidate is safe to perform the testing procedure
- If all physical demands are met safely, this patient may work in this position without restrictions.
- Follow up is required after testing procedures to determine final release for work.

Comments: _____

- No, the candidate is not safe to perform the testing procedure

Comments: _____

Physician's Signature

Date

Please FAX completed form to _____

Employee Acknowledgement:

I have read the physician's consent form above and understand the physician's decision regarding my being tested by Advanced Physical Therapy I have had the physician's findings explained to me, have had the opportunity to ask questions, and I agree with the stated recommendation. As a result, I agree to hold the physician harmless for any claim, negligence, malpractice or damage related to the stated problem.

Candidate's Signature

Date