**Allied Health Professionals**

**Fitness for Work Report**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- |
| 1 | Patients Name: | Enter Here |  |
|  | Date of Birth: | Click or tap to enter a date. |  |
|  |  |  |  |
|  | I advised you that: |  |
| 1a | [ ]  you are not fit for work |  |
| 1b | [ ]  you may be fit for work taking account of the advice below |  |
|  |  |  |
| 3 | Date assessment completed Click or tap to enter a date. |  |

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| 2 | This form has been completed by a Select Profession  |  |
|  |  |  |
|  | Practitioner’s name: | Enter Here |  |
|  | HCPC registration number: | Enter Here |  |
|  | Organisation/Service: | Enter Here |  |
|  | Contact details | Enter Email HereEnter Telephone Here |  |

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| 4 | AHP Advisory Fitness for Work Report issued for period from | Click or tap to enter a date. | to | Click or tap to enter a date. |
|  | A follow up review: select option | Click or tap to enter a date. |  |

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| --- | --- |
|  | With your employer’s agreement you may benefit from these or more options: |
|  |[ ]  a phased return to work |[ ]  amended duties |
|  |[ ]  altered hours |[ ]  a workplace assessment |
|  |  |  |  |  |
|  | Patient-reported work-relevant difficulty, recommendations and goals: |

|  |  |  |
| --- | --- | --- |
| Difficulty | Recommendations / goals |  |
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| --- | --- |
|  | Comments: |
|  |  |
|  | Additional information is provided on ??? accompanying sheets | 9 | Signature: |

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**©**

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| AHPs: please follow the guidance held on the website of your professional body when filling out this form and always attach the information sheet for employees, employers and doctors. Employees, employers and doctors: please read information attached or log on to: www.ahpf.org.uk |

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