

Physician Consent to Perform Employment Test

Date: _____

TO: Dr. _____

_____ (company) has requested that _____ (candidate/employee) participate in a WorkSTEPS® physical capacity test to be conducted at _____. The candidate will be asked to perform tests to assess posture, to measure spine & joint ROM, to do good safe pulls against a static force gauge, to perform dynamic lifting in 4 postures, computerized joint tests, 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.

Job Tasks: _____

Following are the problems that the candidate encountered: _____

Physician Consent:

Since _____ is under your care as a physician, we need your consent for the candidate to participate in the 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 () or mail () completed form

Candidate Acknowledgement:

I have read the physician's consent form above and understand the physician's decision regarding my being tested by _____. 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