

Fit For Duty Information Sheet

Appointment date/time: _____

Employee Name: _____ Phone: _____

Company _____

Company Contact requesting FFD: _____

Company Contact Phone # : _____

Reason for FFD: (please be VERY detailed)

Requirements:

- Company **MUST** fax Job description with this form to CarePlex **PRIOR** to appt.
- Employee **MUST** bring note from personal physician releasing them to return to work
- Employer notified of payment terms..... **Bills are sent to Employer** for FFD Exams (NOT Workman's Comp). Additional testing made be needed at discretion of Provider but will be authorized by Employer first for payment.

Comments: _____

OH Staff scheduling appointment: _____

Fax completed form to Occupational Health 610-970-5889