

# Allied Health Professions Advisory Fitness for Work Report

<p><b>1</b> Patient's name: Date of birth: I advised you that:</p> <p><b>1a</b> <input type="checkbox"/> you are not fit for work.</p> <p><b>1b</b> <input type="checkbox"/> you may be fit for work taking account of the advice below</p>	<p><b>2</b> This form has been completed by a Physiotherapist / Occupational Therapist / Podiatrist / Other.....</p> <p>Practitioner's name: HCPC registration number: Organisation/Service: Contact details (email / tel no.):</p>
<p><b>3</b> Date assessment completed:</p>	

**4** AHP Advisory Fitness for Work Report issued for period from    to

A follow up review is / is not required\* has been made for    \*delete as appropriate

**5** 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

**6** Patient-reported work-relevant difficulty, recommendations and goals:

Difficulty	Recommendations / goals

**7** Comments:

**8** Additional information is provided on \_\_\_ accompanying sheets

**Signature:**

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](http://www.ahpf.org.uk)

This report does not replace the Statement of Fitness for Work (fit note) for benefits purposes.