

Fitness to work medical referral form

Company Details:

Name: _____

HR Contact (Person to whom the verbal and written report will be addressed):

Name: _____

Title: _____

Address: _____

Contact Number: _____

E-mail Address: _____

Have you signed Confidentiality Agreement? _____

Employee Details:

Name: _____

Address: _____

Contact Number: _____

Date of Birth: _____

Occupation: _____

Job Description: _____

Date last in workplace: _____

Reason for Referral:

Questions to clarify: Information within the report

Q1. Is the above named employee medically fit to return to work?

Q2. Is the above named employee medically fit to return to their current job?

Q3. How long is this employee's condition expected to continue?

Q4. Does the condition require any specific treatment?

Q5 Recommendations