

In order to identify my functional abilities, and whether I have any restrictions or limitations that will need to be accommodated in order to help me remain at, or return to work:

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Employer), to contact Fit For Work, in order to:

* Request completion of a Functional Abilities Form;
* Obtain a copy of a completed Functional Abilities Form; and/or
* Obtain clarification with respect to the restrictions, limitations and/or the duration of restrictions or limitations identified on a Functional Abilities Form.
* If a Drug and Alcohol Test has been ordered by my safety Representative, the results will be communicated to my employer, including the substance of abuse (if applicable) and counselling with the Fit For Work MRO (Medical Review Officer) .

No previous diagnosis’ or previous treatment information is to be shared with my company without my permission.

For the purposes of developing, implementing or seeking approval of a remain-at, or return-to-work plan, and to identify any accommodation measures that may be required, my functional abilities information may be shared among:

* my supervisor/manager; the unit/local Return to Work Committee (if applicable); the appointed disability management advisor; or authorized human resources officer, within [Health &Safety]; or
* my insurer (occupational or non-occupational) if applicable.

I hereby waive any and all claims against Fit For Work consultants or their staff in connection with the disclosure or transmission of this health information.

Employee’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_20\_\_\_\_\_\_\_\_\_

Witness name: (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_