

Statement of Fitness for Work

Patients Name

I assessed you case on:

and because of the following condition(s):

I advise you that: you are not fit for work
 you may be fit for work taking account of the following advice:

If available, and with your employer's agreement you may benefit from:

a phased return to work amended duties
 altered hours workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for

Or from to

I will/will not need to assess your fitness for work again at the end of this period
(please delete as applicable)

Chiropractor's Signature

Date of Statement

Chiropractor's Address