

CONSENT FOR ASSESSMENT

EMPLOYEE NAME: _____

DEPARTMENT: _____

COMPANY: _____

EMPLOYER REPRESENTATIVE: _____

I, the undersigned, _____ hereby give my voluntary consent to submit to an occupational therapy / work assessment as recommended by the company as part of their investigation into my ill-health incapacity and/or absenteeism.

I agree that the company may submit all relevant medical reports and related documentation for such assessment.

I understand that the company will have access to the results and further consent that results of medical certificates and examination reports may be inspected.

I understand that the results are reviewed and interpreted solely in terms of ill-health incapacity for the purpose of determining the nature, extent and duration thereof.

Signed: _____

Date: _____

Witness: _____

Date: _____