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Fit-for-Duty Referral Form

In order for Asante Work Health to schedule a Fit-for-Duty, Return-to-Work evaluation for your worker, the following information is needed:

Employee name _____

Address _____

Phone number (_____) _____ - _____ Date of Birth _____

Social security # _____

Company name _____

Address _____

Phone number _____

Job title of job being evaluated _____

(Please fax job analysis back with this form)

List major concerns that you have regarding this worker's ability to perform his/her essential job functions

Has anyone had a discussion with the employee regarding the concerns addressed above? Yes No

Employer Policy requires Fit-for-Duty PPFs? Yes No

Employer requesting Functional Capacity Evaluation? Yes No

Signature _____ Job title _____

Print name _____

Phone number (_____) _____ - _____ Fax number (_____) _____ - _____

Billing address *(if different from company address)*

Please fax this completed form with the job analysis and medical releases to **(541) 789-5938**, attention Referral Representative.

If you have any questions, please contact Asante Work Health at **(541) 789-4236** or the Referral Clerk at **(541) 789-5722**.