

T.T.L. Functional Capacity Evaluation (FCE) Consent Form

I understand I will be actively participating in a Functional Capacity Evaluation (FCE) for the purpose of determining my current, safe level of physical ability as it relates to the performance of work duties, the performance of activities of daily living (ADL) and/or the status of my current rehabilitation program.

It has been explained to me the FCE will take approximately 3 hours and will include activities of a physical nature, including lifting, carrying, squatting, climbing and other potentially strenuous tasks. I understand participating in any type of physical activity may include the potential of certain risks that may include, but are not limited to, muscle strains and sprains, abnormal changes in heart rate and/or blood pressure and in rare instances heart attack and death. It has also been explained to me that I may feel stiff and sore following the FCE due to participating in physical activity, but that this is generally considered a normal response to physical exertion.

I have read (and/or been explained) the contents of this consent form and understand all of the aforementioned information. Any questions or concerns I had have been answered to my satisfaction. I understand I am free to withdraw from this FCE at any time for any reason. I further understand and consent that video taping may be used to record the activities of this FCE for review by my physician, nurse, insurance company and/or employer.

Patient's Full Name (Please Print)

Date _____
Patient's Full Name (Signature)

Date _____
Authorized FCE Administrator