
FUNCTIONAL CAPACITY EVALUATION AUTHORIZATION

Company Name _____

Employee Name _____

Position / Job Title _____

Authorized By _____ Date _____

Complete Services That Are Marked Below AFTER Medical Examination Is Performed:

- Pre-Placement Post Offer Functional Capacity Evaluation
- Fitness for Duty Functional Capacity Evaluation



Signature

Date

The person examined may participate in a Functional Capacity Evaluation designed to determine the individual's safe working capabilities.