SG ENABLE
Inclusive society. Enabled lives.

FITNESS FOR EMPLOYMENT & REHABILITATION FORM

(This section is to be filled up by a Medical Doctor or Allied Health Professional)

Name of Patient: _____ **NRIC No.:** _____

Fitness for Employment & Rehabilitation	
(a) Is patient fit for employment?	
	If yes, please specify:
☐ Yes	☐ Patient is medically fit for employment
☐ No	☐ Patient will be medically fit for employment in the next _____ (months)
	☐ Patient is medically fit for specific job scope (e.g. light duty/non-strenuous/non-carrying work) Please specify: _____
(b) Rehabilitation Needs	
☐ Patient is **currently receiving** rehabilitation at: _____	
☐ Patient **requires** rehabilitation but is **not currently receiving** any	
☐ Patient **has completed or does not require** rehabilitation at this point	
If patient requires rehabilitation services, please specify: ☐ Patient is **fit** for rehabilitation ☐ Patient will be **fit** for rehabilitation in the next _____ (months) Please elaborate precautions/restrictions during rehabilitation, if any: _____	

ASSESSOR'S CERTIFICATION			
Name of Assessor		Signature of Assessor	Official stamp of hospital/ clinic:
Date (DD/MM/YYYY)	MCR/ Registration No.	Email and Contact No.	