

**FUNCTIONAL CAPACITY EVALUATION**

**EXPLANATION AND CONSENT FORM**

You are here to take some physical ability tests to measure how well you can do tasks like some that may be required of you at work. The results of these tests will be provided to your attorney, if represented, your doctors and your employer and their workers' compensation insurance carrier.

This form is to make sure that you understand the test and what you will be asked to do. Please read each question and answer it so that we will know that you understand what you are about to do. You will receive a copy of this form to keep with you and you may look at it at any time.

Print your name: \_\_\_\_\_

1. Have you used any drugs or alcohol during the last three days? This includes any pain or prescription drugs.

Yes       No

If "Yes", please describe the type of drugs or alcohol you have used, when you took the drugs or alcohol and how much you took.

2. It is important that you understand how to do each of the tasks. You will be given verbal instructions as to how to perform each task. When the person giving you the test is finished with the instructions, he or she will ask you if you understand. If you do not understand, you have the right to ask for an actual demonstration of the task. You should not do any requested task until you understand what you are being asked to do.

Do you agree not to do a task until you fully understand what you are supposed to do?

Yes       No

3. This test is designed to determine your ability to perform different tasks. It is important that you give your best safe effort on each task.

Do you agree to give your best safe effort on each task?

Yes       No

If "No", why not?

4. Some of the tasks you may be asked to perform may be difficult for you to do. The person giving you the test may decide that you have performed the tasks incorrectly and ask you to repeat them.

Do you agree to repeat tasks if asked to do so?

Yes       No

If "No", why not?

5. Do you understand that you may refuse to do any task.

Yes       No

If you refuse to do the task, the report will indicate that you refused and you will be allowed to explain why you did not wish to perform the task. Your explanation will be included in the final report.

Do you agree to give an explanation to the person giving you the test if you refuse to perform a task?

Yes       No

If "No", why not?

These tests are designed to be safe, and instructions are provided to reduce the risk of injury. You are the only person who can tell the person giving you the test if you have an increase in discomfort or pain while you are doing the tasks. If your pain increases while doing the tasks, it is very important that you immediately tell the person giving you the test and describe the location and type of pain as accurately as possible so that he/she can decide if it is safe for you to continue. Even if he/she feels it is safe to go forward, but you do not wish to continue the testing, you have the right to stop the testing. However, you will be asked to explain why you do not want to go forward with any further testing. The written report will include your explanation.

Do you agree to tell the person giving you the test if your pain or discomfort increases while doing a task?

Yes       No

If "No", why not?

6. The tests you will be taking involve physical activity such as lifting, pushing, reaching and bending. If you are not accustomed to this type of activity, you may feel tired afterward, or have some soreness for a day or two after the tests.

Do you agree to take these tests even if they may make you tired and cause some soreness for the next day or two?

Yes       No

7. Are you ready to start taking the tests?

Yes       No

If "No", why not?

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_