# Fitness for Work Request Form

*Please email completed form to* [*redilegal@redimed.com.au*](mailto:redilegal@redimed.com.au) *to create / confirm a booking*

**Booking Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Preferred Date / Time of Booking** |  | **Preferred Doctor** |  |
| **\*Name of Person Booking Appointment** |  | **\*Position** |  |
| **\*Phone number** |  | **\*Email address** |  |
| **\*Company** |  | **PO number** |  |

|  |  |
| --- | --- |
| **\*Type of consultation** | **Accounts** (if not indicated accounts will be sent through to the company) |
| **Fitness for Work Assessment** | **Send invoice to Company** |
| **Fitness for Duty**  (simple clearance medical certificate) | **Send invoice to Patient** |
| **Comment:** | |

**Worker Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Name** |  | **\*Date of Birth** |  |
| **\*Contact Number** |  | | |
| **\*Occupation** |  | | |
| **\*REDiMED Location Required** |  | | |

**Injury Details**

|  |  |  |
| --- | --- | --- |
| **\*What is the injury/illness?** |  | |
| **\*Is the illness/injury ongoing?** |  | |
| **\*Has there been formal diagnosis/treatment?** | |  |
| **PLEASE NOTE:** *if treatment has been performed on the injury external to REDiMED paperwork must be provided. The appointment will be rescheduled if we are not provided with documentation 24hrs before the appointment time.* | | |
| **Comment:** | | |

**Additional Assessment Requirements**

***Please note these additional requirements can only be booked with a Fitness for Work Assessment.***

|  |  |
| --- | --- |
| **Gorgon Paperwork** | **Gorgon Functional** |
| **Job Specific Functional**  **PLEASE SPECIFY:** | **Injury Specific Functional Assessment:**  **Back  Cardiovascular  Upper Limb  Lower Limb** |
| **Specific turnaround time (standard 24 – 72 hours)**  **PLEASE SPECIFY:** | |
| **Workers’ compensation medical certificate required in addition to the doctors report** | |
| **Occupational Physician review** | |
| **Other(PLEASE SPECIFY):** | |
| **Please send through any paperwork relating to the treatment of the injury, any specific questions for the doctor and any information in regards to the physical demands of the worker’s role through to redilegal@redimed.com.au** | |

\*Fields marked are essential information and must be completed before submitting the booking form.