

AHP Health and Work Report

1 Patients Name: *Amelie Jordan*
 Date of Birth: *03/12/91*

I advised you that:

1a you are not fit for work
 1b you may be fit for work taking account of the advice below

2 This form has been completed by a
Chartered Physiotherapist

Practitioner's name:
Stephanie James

HCPC registration number:
PH98765

Organisation/Service:
Yorkshire Dales PCT

Contact details
01234 198765

3 Date assessment completed *26/11/19*

4 AHP Health and Work Report issued for period from *27/11/19* to *8/01/20*
 A follow up review: Has been made for *3/01/20*

5 With your employer's agreement you may benefit from these or more options:

a phased return to work amended duties
 altered hours a workplace assessment

6 Patient-reported work-relevant difficulty, recommendations and goals:

Difficulty	Recommendations/goals
Concern that symptoms may return if returns immediately to full hours of work.	A gradual return to full hours over 6 weeks, e.g. weeks 1-2 4 hours per day weeks 3-4 5 hours per day weeks 5-6 6 hours per day
needs to build up general strength.	Advised to attend a weekly pilates session. should be able to attend outside of work hours.
undertaking similar activities throughout shift.	Please ensure she rotates between different job roles as recommended in ergonomic assessment.

7 Comments:
Mrs Jordan is advised to report any problems that arise to her line manager. She can make an earlier appointment to see me, if required.

8 Additional information is provided on accompanying sheets
Nil

9 Signature: *S. James*

AHPs: please follow the guidance held on the website of your professional body when filling out this form and always attach the information sheet for employees, employers and doctors. Employees, employers and doctors: please read information attached or log on to: www.ahpf.org.uk

This report does not replace the Statement of Fitness for Work (fit note) for benefit purposes, but can be