



## Linden Physical Therapy

I consent to take the Functional Capacity Assessment that evaluates work and life related activities. It includes strength, endurance, lifting, coordination repetitive activity, and other work related activities.

I agree to:

- Give an accurate statement of my past and present physical abilities.
- Cooperate by working within my safe limits.
- Tell my therapist how I feel during the evaluation.
- Stop any test activity at any point if I feel unwilling or unable to progress safely.

I understand that I will be informed of each test item score and at the completion of the test, all test scores will be summarized for me.

I understand the test is voluntary and I agree to undertake the testing.

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Client Signature

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Date

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Witness

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Date