



General
Osteopathic
Council

Statement of Fitness for Work

Name of patient: Mr, Mrs, Miss, Ms, other

Address

Date of Birth

NI number

I examined you on

and because of the following condition(s)

I advise you that:

(1) You should refrain from your usual occupation

from to

(2) The following work adjustment/s may be beneficial

Practitioner's signature

Date of statement

Practitioner's address