

- My consent to Functional Testing, (also known as a Functional Capacity Assessment, Functional Capacity Evaluation or Functional Abilities Evaluation) consisting of the physical exercise measures as explained to me.
- My understanding that a qualified examiner trained to administer the Functional Determination of Injury will conduct the tests.
- My understanding that the test results will be used to compare my current physical abilities with the physical demands associated with my regular or modified employment / activities of daily living.
- My understanding that during and following the physical test, I may experience an increase in my symptoms, or symptoms associated with fatigue.
- My obligation to immediately inform the examiner of any pain, fatigue or discomfort that I may experience during and immediately following the testing.
- My understanding that participation in the test is voluntary and that I may interrupt the testing at any time to ask questions, request further explanation or information before continuing.
- My understanding that I can stop or delay further testing if I so desire and that testing may be terminated by the examiner upon observation of abnormal responses or safety concerns.
- My understanding that REHABILITIES, an authorized agent, is an independent assessment center and is not employed by the insurance company / employer or any other facility. I authorize REHABILITIES to release any information documented during the course of the evaluation to my insurer / employer. The report will become the property of the insurance company / employer and will not be released to any third party unless specified by the referral source.
- That I hereby release REHABILITIES or its agents, officers and employees from any liability with respect to any injury that I may suffer during the administration of the Functional Determination of Injury except where the injury is caused by the negligence of REHABILITIES, or it's agent, officers and employees acting within the scope of their duties.
- My consent to the Electronic Claimant Imaging that will have the entire Functional Determination of Injury recorded, including all conversations and tests, wherever appropriate. This tape will remain the property of REHABILITIES and will not be released to any third party other than to the insurance company / employer.

\_\_\_\_\_  
 Patient's Signature

\_\_\_\_\_  
 Signature of Witness

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

**1208 McRae, El Paso, 79925**  
**Tel: (915) 595-4500**