

## Fit for Duty Exam

Name :			
DOB:			
Department:		Dept Number :	
Job Title:		Job Description available:      Yes      No	
Employee ID :			

Person requesting exam: \_\_\_\_\_

Date of the request: \_\_\_\_\_

### Complete the questions below prior to requesting Fit for Duty Exam

1. **Has the employee been informed of the reason for your concern and why this evaluation is being requested?** *(Employee must be informed of concerns prior to scheduling of appointment)*  
       Yes      No
  
2. Based on the employee's job description what essential job duties are you concerned the employee may be unable to perform?
  
3. Identify specific observations or behaviors led you to request this evaluation?
  
4. How was the specific observations and behaviors listed above obtained ?  
 (i.e. from manager or Management, a co-worker, visual observed or verbal communication etc.)
  
5. What type of risk do you think this individual poses in the workplace?
  
6. Has the employee been off work for medical reasons?      Yes      No

Information obtained by: \_\_\_\_\_ Appointment Schedule Date \_\_\_\_\_