



Medical Examination Policy 2.7.35

Request for Fitness for Duty or Return-to-Work Evaluation

To be completed by the supervisor/manager requesting a fitness for duty or return to work evaluation. This form should be completed after consultation with the Office of Human Resources

SECTION 1

Employee's Full Name: First M.I. Last Employee ID#

Title Department

Supervisor's Name Office phone

SECTION 2

1. Describe the objective indications that the individual is physically unable to perform the essential functions of the position:

2. Describe the objective indications that the individual is mentally unable to perform the essential functions of the position:

a. Describe observed behaviors:

b. Describe how behaviors impact work duties and/or other concerns:

3. Safety concerns posed by individual

a. Does the individual pose a threat to self or others? Yes No

If yes, describe the threat:

b. Other issues, concerns, or questions you want the health care provider to address:

Attach a current position description and submit completed form to the Office of Human Resources for review and processing.

SECTION 3

Checklist below must be completed by the Office of Human Resources before scheduling a fitness for duty or return to work (FFD/RTW) evaluation.

- Discuss the FFD/RTW evaluation process with the individual.
- Individual provides documentation from her/his health care provider regarding medical condition if applicable.
- Attach current position description.
- Indicate individual's status, check all that apply:
 - Working with restrictions. Attach a copy of the restrictions.
 - Working without restrictions.
 - Has FML for this condition. Attach copy of FML documentation.
 - Removed from duty due to issues/concerns.

The following actions have already been taken:

- List all attachments:

- Schedule FFD/RTW evaluation.
- Notify department and employee of date, time and location of examination.