

Request for Fitness for Duty Examination

Requests for fitness for duty examinations must be job related and consistent with business necessity and will only be initiated when there is **reasonable belief, based on objective evidence, that due to the employee's medical or mental health condition, the employee will be unable to perform essential job functions or will pose a direct threat to the health and safety of self and others.**

To be completed by the facility/unit head making this request:

Name of Facility/Unit: _____

Name of Affected Employee and Job Title: _____

Describe the reason/circumstances requiring a fitness for duty inquiry (attach copy of any incident report):

The reasons/circumstances described above indicate that:

- Yes No The employee will be unable to perform essential job functions due to a medical/mental health condition; or
- Yes No The employee will pose a direct threat due to a medical/mental health condition (Section II. must also be completed)

I. Reasonable Belief and Evidence Relied Upon:

Complete either Section I. A. items 1. and 2. or Section I. B. items 1. and 2.

A. Employee's Known Medical/Mental Health Condition and Related Performance/Conduct Problems

1. Known Medical/Mental Health Condition

a. Describe the employee's known medical/mental health condition:

b. Evidence of medical/mental health condition (please check all that apply):

The employee has disclosed this medical/mental health condition to me.

I learned about this medical/mental health condition due to reliable information provided by a credible person. If yes, provide the **name(s) of person(s)** and describe the **reasons** you believe this information is reliable (i.e. relationship of person to employee, how person learned of the information, seriousness of the medical/mental health condition, possible motivation of person providing the information, any other evidence relied upon):

This completed form contains confidential medical information and must be maintained in the employee's medical file.

Name of person: _____
Reasons to believe information is reliable: _____

2. Performance/Conduct Problems

___ Yes ___ No The employee has recently exhibited performance or conduct problems. If yes, complete the remainder of this section. Describe the problems: _____

What evidence or documentation exists regarding the described performance or conduct problems?

Why do you attribute the performance or conduct problems to the medical/mental health condition?

B. Unknown Medical/Mental Health Condition (Observable Symptoms of Medical/Mental Health Condition) That Will Impair Job Performance or Pose a Direct Threat

1. Unknown Medical/Mental Health Condition

a. Describe the observed symptoms that indicate the employee may have a medical/mental health condition:

b. Evidence of medical/mental health condition (please check all that apply):

___ I have directly observed the above-listed symptoms

___ The symptoms have been reported to me by a credible person

Name of person: _____
Reason(s) to believe information is reliable: _____

2. Reasonable Belief the Employee Will Be Unable to Perform Essential Job Functions or Will Pose a Direct Threat

a. Impairment of Ability to Perform Essential Job Functions

This completed form contains confidential medical information and must be maintained in the employee's medical file.

Yes No The employee's ability to perform essential job functions will be impaired due to a medical/mental health

condition. If yes, complete this section. List the essential job functions that will be impaired:

(Attach the applicable job description and the PMP accountabilities)

II. Direct Threat Posed by Employee

Yes No The employee will pose a direct threat to the health or safety of themselves or others due to a medical/mental health condition. If yes, complete this section. Describe the direct threat that will be posed:

III. Request Authorization for Action: (✓ all that apply)

- Require employee to provide documentation from their medical/mental health care provider regarding fitness for duty;
- Order employee to report for fitness for duty exam with department selected medical/mental health care provider for direct threat assessment (Section II. must be completed)
- Temporary modification of job duties pending completion of FFDE
- Temporary absence from work pending completion of FFDE
- Due to the immediate safety threat, the following actions have already been taken:

Signature of Facility/Unit Head

Date

Signature of Division Head

Date

To Be Completed By chief administrator of Human Resources

IV. Authorization

The following actions have been authorized: _____

Authorizing Signature

Date

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