
Instructions – Employee Fitness For Duty Evaluation Process

What is the purpose of the evaluation?

1. To assist employees in resolving health problems which may be contributing to decreased job performance and/or unacceptable increased absence.
2. To define the employee's ability to work so that the employing department may arrive at a reasonable course of administrative action.

How do we identify employees who may need an evaluation?

Employees identified for this evaluation will most likely have serious attendance and/or job performance problems. For example:

1. Unsatisfactory work performance, possibly due to an underlying medical condition.
2. Inappropriate emotional or physical behavior on the job.
3. Health problems that may require work restrictions to ensure safe performance of essential job functions.

What should we tell employees about the evaluation?

1. When the evaluation is requested because of a job performance and/or attendance problem:
 - a. Be sure the employee understands there is a problem and the specific nature of the problem.
 - b. Tell the employee that one additional step the organization will take to aid him/her is to provide a health evaluation. Make sure the employee understands that this evaluation is voluntary and will be performed at the supervisor's request.
2. Explain to the employee that the specific results of the evaluation are confidential and will be retained in his or her medical record. In addition, the results will be discussed with the employee and—if requested by the employee—the results will be sent to the employee's personal physician.
3. The employing department will be given information regarding the employee's ability to perform his/her job with or without restriction(s) and/or reasonable accommodation(s). **SPECIFIC MEDICAL DIAGNOSIS WILL NOT BE GIVEN.**

How to initiate a fitness for duty evaluation

The employee's immediate supervisor must:

1. Complete page two of this form and send original to the Designated Provider representative.
2. Contact Designated Provider and speak to a representative to discuss the employee's problem in detail and to schedule an appointment.

Designated Provider: _____

Email: _____

Phone: _____ **Fax:** _____

Address: _____

What happens after the evaluation?

When the employee's fitness for duty evaluation has been completed, the Designated Provider representative will return the completed form to the employee's immediate supervisor. Only information related to the employee's ability to perform his/her job with or without restriction(s) and/or reasonable accommodation(s) will be provided. **DETAILED MEDICAL FACTS WILL NOT BE DISCLOSED.** If the results of the fitness for duty evaluation indicate that the employee is not able to return to work, the health-related absence must be reported through the **EMPLOYER**. If the information you have received on the completed form is not sufficient for your needs or if you have further questions, please contact the Health Services representative at:

EMPLOYER / Designated Provider: _____

Email: _____

Phone: _____ **Fax:** _____

Address: _____

To Be Completed By Requesting Supervisor
A Fitness For Duty Evaluation is Requested for the Following Employee

Name		S.S. #		Personnel #	
NCS Date	Title			Org. Unit Code	
Work Address		City	State	Phone	

Please indicate reason(s) for requesting a fitness for duty evaluation at this time (use additional sheets if necessary).

Have you informed the employee of the reasons for the fitness for duty evaluation? Yes No

Employee's Absence Record (for last five years)							Reasons for Incidental Absences:
Year	Incidental		Disability		Other		
	Occ.	Days	Occ.	Days	Occ.	Days	
Current Year							

Completed By (Supervisor's Name - please print)

Title			Phone		
Work Address			Room		
City		State	Zip		Email
Requesting Supervisor's Signature				Date	

