

Fitness for Duty Certification

PART A: TO BE COMPLETED BY SUPERVISOR
(PART B TO BE COMPLETED BY ATTENDING PHYSICIAN)

Employee: _____ Date of Birth: _____

Job Title: _____ Department: _____

I. In a typical 8-hour/10-hour/12-hour shift, this job requires the following physical activities:

	Not at All 0%	Rarely <10%	Occasionally 11 – 33%	Frequently 34 – 66%	Continuously 67 – 100%
A. Sitting	<input type="checkbox"/>				
B. Standing	<input type="checkbox"/>				
C. Walking	<input type="checkbox"/>				
D. Bend/Stooping	<input type="checkbox"/>				
E. Squatting	<input type="checkbox"/>				
F. Crawling	<input type="checkbox"/>				
G. Climbing	<input type="checkbox"/>				
H. Reaching above Shoulder Level	<input type="checkbox"/>				
I. Kneeling	<input type="checkbox"/>				
J. Pushing/Pulling	<input type="checkbox"/>				
K. Lifting and or Carrying:					
Up to 10 lbs.	<input type="checkbox"/>				
10 to 20 lbs.	<input type="checkbox"/>				
20 to 50 lbs.	<input type="checkbox"/>				
50 to 100 lbs.	<input type="checkbox"/>				
100+ lbs.	<input type="checkbox"/>				
L. Twisting	<input type="checkbox"/>				

II. This job Requires the following repetitive hand/wrist activities:

	Not at All 0%	Rarely <10%	Occasionally 11 – 33%	Frequently 34 – 66%	Continuously 67 – 100%
A. Simple grasping	<input type="checkbox"/>				
B. Firm grasping	<input type="checkbox"/>				
C. Fine manipulation	<input type="checkbox"/>				
D. Typing/keying	<input type="checkbox"/>				
E. Writing	<input type="checkbox"/>				
F. Twisting	<input type="checkbox"/>				

III. This job Requires the following working conditions:

- A. Being around moving machinery: Yes No
 Describe: _____
- B. Exposure to marked changes in temperature and humidity: Yes No
 Describe: _____
- C. Driving automotive Equipment: Yes No
 Describe: _____
- D. Exposure to dust, fumes, gases: Yes No
 Describe: _____

IV. This job requires the following physical skills and abilities:

- Vision acuity Describe: _____
- Hearing Acuity Describe: _____
- Speaking Describe: _____

V. This job requires the following skills and abilities:

- A. Interaction with customers or outside vendors Yes No
- B. Coordinating activities Yes No
- C. Verbal and written communication Yes No
- D. Supervisory Yes No
- E. Analytical Yes No
- F. Decision making Yes No

VI. Comments – Include any other information that will aid in the accurate description for this job’s requirements:

VII. Supervisor Signature:

Supervisor Signature: _____ Printed Name: _____ Date: _____

VIII. Employee Acknowledgment:

The Human Resource Department has my permission to contact my health care provider indicated on this certification for purposes of clarification and authentication.

Employee Signature: _____ Date: _____

PART B – TO BE COMPLETED BY ATTENDING PHYSICIAN

Effective as of _____ the above named employee is hereby certified as fit to resume work duties as follows:

- Full-time duties, no restrictions, return to work.
- Unable to resume full-time duties, has the following restrictions (conditions and duration):

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- Part-time duties, no restrictions, return to work.
- Unable to resume part-time duties, has the following restrictions (conditions and duration):

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- Intermittent duties, no restrictions, return to work.

Will any medication(s) prescribed impair the employee’s job performance, including the ability to drive and operate equipment? Yes No Describe: _____

Name of attending Physician: _____

Address and Phone: _____

Physician Signature: _____ Date: _____