**Employee Information:**

1. **Employee Name:** [Employee's Full Name]
2. **Employee ID Number:** [Employee ID]
3. **Department/Position:** [Employee's Department/Position]
4. **Date of Birth:** [Date of Birth]
5. **Date of Hire:** [Date of Hire]
6. **Supervisor/Manager:** [Name of Supervisor/Manager]

**Reason for Assessment:**

1. **Reason for Fitness for Duty Assessment:**
   * Health-related concerns
   * Performance-related concerns
   * Absenteeism
   * Workplace incidents
   * Other (Specify): \_\_\_\_\_\_\_\_\_\_\_

**Medical Evaluation:**

1. **Employee's Medical History:**
   * No significant medical history
   * Significant medical history (Specify): \_\_\_\_\_\_\_\_\_\_\_
2. **Current Medications:**
   * None
   * Currently taking medications (List medications and dosage): \_\_\_\_\_\_\_\_\_\_\_
3. **Recent Injuries/Illnesses:**
   * None
   * Recent injuries or illnesses (Specify and provide details): \_\_\_\_\_\_\_\_\_\_\_

**Fitness Assessment:**

1. **Physical Fitness Assessment:**
   * Fit for all job duties
   * Fit with restrictions (Specify restrictions): \_\_\_\_\_\_\_\_\_\_\_
   * Temporarily unfit (Specify duration and reason): \_\_\_\_\_\_\_\_\_\_\_
   * Unfit for certain duties (Specify duties): \_\_\_\_\_\_\_\_\_\_\_
2. **Mental Fitness Assessment:**
   * Fit for all job duties
   * Fit with restrictions (Specify restrictions): \_\_\_\_\_\_\_\_\_\_\_
   * Temporarily unfit (Specify duration and reason): \_\_\_\_\_\_\_\_\_\_\_
   * Unfit for certain duties (Specify duties): \_\_\_\_\_\_\_\_\_\_\_

**Healthcare Provider's Recommendations:**

1. **Recommendations from Healthcare Provider:**
   * No further action needed
   * Follow-up appointments
   * Additional medical evaluations/tests (Specify): \_\_\_\_\_\_\_\_\_\_\_
   * Medication adjustments (Specify): \_\_\_\_\_\_\_\_\_\_\_
   * Other (Specify): \_\_\_\_\_\_\_\_\_\_\_

**Return-to-Work Plan:**

1. **Return-to-Work Plan:**
   * Full return to regular duties
   * Gradual return to duties (Specify schedule): \_\_\_\_\_\_\_\_\_\_\_
   * Modified duties (Specify duties): \_\_\_\_\_\_\_\_\_\_\_
   * Temporary reassignment (Specify duties): \_\_\_\_\_\_\_\_\_\_\_
   * Other (Specify): \_\_\_\_\_\_\_\_\_\_\_

**Employee Acknowledgment:**

1. **I acknowledge the results of the Fitness for Duty Assessment and understand the recommendations provided by the healthcare provider. I agree to comply with the recommended plan for return to work.**

**Employee's Signature:**

1. **Employee's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * **Date:** [Date]

**Supervisor/Manager Acknowledgment:**

1. **I acknowledge the results of the Fitness for Duty Assessment and understand the recommendations provided by the healthcare provider. I will work with the employee to facilitate the recommended return-to-work plan.**

**Supervisor/Manager's Signature:**

1. **Supervisor/Manager's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * **Date:** [Date]