

Fitness-for-Duty Medical Examination

I certify that I have examined _____ on _____ with knowledge of his/her essential job functions, working conditions and safety hazards, and I find the following:

- The individual is able to return to work on _____ with no work restrictions or reasonable safety concerns. The individual fully able to perform all essential job functions under indicated working conditions and environment.
- The individual is able to return to work on _____ with a reduced schedule. The patient may return to work with the following number of hours per ___ day/hours per ___ week. These reductions are in effect until _____, at which time the individual is able to return to work with no restrictions or reasonable safety concerns.
- The individual is able to return to work on _____ with the following work restriction(s) and duration set forth below (See Guidelines No. 5):

A. Physical Requirements

	Continual (>66%)	Frequent (<66%)	Occasional (<33%)	Not At All (<5%)
1. Lifting: Up to _____ lbs.				
2. Carrying: Up to _____ lbs.				
3. Pushing/Pulling: Up to _____ lbs.				
4. Use of Equipment (e.g., machines, tools)				
5. Sitting				
6. Standing				
7. Walking				
8. Bending				
9. Stooping				
10. Crawling				
11. Climbing				
12. Reaching Above Head				
13. Grasping:				
a. One Hand				
b. Both Hands				
14. Fine Manipulating				
a. One Hand				
b. Two Hands				

B. Environmental Requirements

	Continuous	Frequent	Occasional	Not At All
1. Exposed to Marked Changes in Temperature				
2. Outside Work				
3. Exposure to dust, fumes, odors, water				
4. Exposure to biological, mechanical, electrical, and/or chemical hazards				
5. Normal (inside) environment				

Additional Medical Work Restrictions, Information or Comments (e.g., close eye work, ability to see computer screen, sensitivity to light, ability to hear normal or soft tones, need for hearing aid, mental limitations):

The restrictions set forth above are in effect until _____.
The individual will be reexamined on _____.

- Reasonable safety concerns exist regarding the employee's ability to perform the functions of his or her job position based upon the serious health condition for which the employee took leave (See Guidelines Nos. 6 and 7).

Specify (a) the nature and severity of the potential harm, (b) the likelihood that the potential harm will occur; and (c) the duration of risk:

- (a) _____
(b) _____
(c) _____

Name of Examining Physician (Please type or print legibly)

Signature

Date

Address

E-mail Address

Telephone Number

Return completed form to:

Jasper County Schools
Attn: Personnel
1411 College St.
Monticello, GA 31064

706-468-6350, ext. 105
706-468-0045 fax

FITNESS-FOR-DUTY MEDICAL EXAMINATION

Guidelines for Performing, Recording, and Reporting Results of Medical Examinations

1. The examining physician should review these guidelines before performing the medical examination.
2. The purpose of the medical examination is to determine the individual's current ability to perform the essential functions of the job being held or sought.
3. The examining physician must have knowledge of the job functions of the position held or sought, the job demands, working environment and conditions, and conduct the examination in relation to the specific job.
4. All medical judgments must be made on an individual basis and not on generalized assumptions. Specified work restrictions must be specific to the individual's function limitation, rather than based on general medical diagnosis or the patient's wishes.
5. Work restrictions should be specified in terms of degree, direction, weight, frequency, repetitiveness or duration. Consideration should be given (but not limited to) the following categories. Specific restrictions on:
 - Standing, walking, climbing, lifting, pushing, pulling, carrying, bending, squatting, stopping.
 - Head, neck, shoulder, arm, leg, wrist, hand or foot use, motion or positions.
 - Sustained vision, fine vision, depth perception, peripheral vision, color discrimination, microscopic work. Safety lenses/side shields required.
 - Work where hearing loss would create hazard, other hearing related restrictions.
 - Machinery, heights, remoteness, vehicles.
 - Skin exposures, environmental exposures (including radiation).
 - Mental or emotional demands, exertion, tension.
 - Work schedules.
 - Travel restrictions.
 - Special eating privileges required.

Explain restrictions with as much specificity as possible, and make sure to include the duration of any such restrictions.

6. The existence of reasonable safety concerns regarding the employee's ability to perform the functions of his or her job position based upon the serious health condition for which the employee took leave means there is a reasonable belief of significant risk of harm to the individual employee or others. In determining whether reasonable safety concerns exist, an employer should consider the nature and severity of the potential harm and the likelihood that potential harm will occur.
7. The physician should identify the specific risk posed by the individual. For individuals with physical health conditions, the physician must identify the aspect of the condition that would pose a reasonable safety concern. The physician should then consider the four factors listed above. For individuals with mental or emotional health conditions, the physician must identify the specific behavior on the part of the individual that would pose a reasonable safety concern.
8. Upon completion of the examination, the examining physician should complete and sign the Medical Examiner's Certification form, furnish one copy to the person examined, one copy to the employer and retain one copy.