Fitness for Duty Assessment Checklist

When an employee exhibits behavior(s) or other indicators, such that there is a direct concern to health/safety to self or others, or there is objective evidence that the employee is unable to complete essential job-related duties, this assessment is to be completed.

Complete this form only when there is objective evidence that:
(a) the employee may be unable to perform the essential job functions.
(b) the employee may pose a direct threat; record what you saw/heard and the job impact (no diagnoses or speculation).

First & Last Name		Employee ID	
Job Title/Department		Employee Phone	
Date/Time of Incident		Location	
Direct Supervisor (for notification of results		Supervisor Contact Phone	
Essential function(s) impacted (quote from job description)		Regulated Role? CDL/Bus Driver Operator of heavy machinery	CDL/Bus Driver ☐ Forklift ☐ Other: _____

Briefly describe incident (attach additional sheets as needed)

- If the situation appears to be a medical emergency or imminent threat, please call 911.
- Call for a second observer/witness (preferably supervisor-level or above) to the incident.
- Document observation and indicators by completing the Assessment Form.
- Relieve employee from duty and ensure that the employee is safely able to be removed from worksite, if there is an immediate safety concern.
- Explain to the employee the purpose of the Fit for Duty evaluation and why their behavior necessitates the reasons for the evaluation.
- Consult *(call)* Human Resource to discuss the Fitness for Duty evaluation.
- Human Resources will determine whether this is an FMLA return-to-work FFD (employee provider, uniform requirement) or an ADA employer-directed exam (District clinician; objective evidence and business necessity; exam narrowly tailored).

Check *all* observations and indicators that apply.

A pattern of the following indicators AND / OR an appearance of one of the following, which if not otherwise explained, justifies a reasonable concern about impairment/intoxication.

☐ Individual is severely impaired (e.g., unconscious, staggering, incoherent, or exhibiting extreme physical symptoms)

☐ Individual is posing an imminent direct threat to harm themselves (e.g. suicidal statements) or intent to harm/plan to harm self or others

☐ Individual is not severely impaired, violent or threatening, but behavior indicates conduct that poses an imminent and/or serious safety threat to themselves or others.

Physical Indicators

Walking/Standing

- ☐ Stumbling / Staggering
- ☐ Unable to Walk / Stand
- ☐ Swaying
- ☐ Falling or fell
- ☐ Loss of balance
- ☐ Leaning on objects for support

Appearance

- ☐ Puncture marks/needle tracks
- ☐ Disheveled
- ☐ Drowsiness/sleepiness
- ☐ Excessive sweating
- ☐ Deterioration in personal hygiene

Speech

- ☐ Slurred
- ☐ Shouting
- ☐ Incoherent
- ☐ Rambling
- ☐ Repetitive

Eyes

- ☐ Watery
- ☐ Droopy eye lids
- ☐ Glassy
- ☐ Bloodshot/Red
- ☐ Pupils (small, pinpoint or dilated)

Movements

- ☐ Fumbling
- ☐ Tremor
- ☐ Restless/agitated
- ☐ Slowed
- ☐ Loss of manual dexterity

Face

- ☐ Red/Flushed
- ☐ Pale
- ☐ Other

Behavioral Indicators

Demeanor

- ☐ Disoriented
- ☐ Anxious
- ☐ Excessive/Disruptive Talking
- ☐ Sudden conduct causing a safety risk or work stoppage

Actions

- ☐ Fighting
- ☐ Argumentative
- ☐ Erratic
- ☐ Hostile
- ☐ Threatening
- ☐ Hyperactive

Data Indicators

- ☐ Pattern of non-explainable behavior changes
- ☐ Other: (explain)

If any boxes are checked above, describe specific examples (date/time, task, what you saw/heard, and job/safety impact). Rumor alone (e.g., overhead diagnosis) is not objective evidence.

Checklist Completed by: _____ **Date:** _____

Second Witness: _____