



**CITY OF NEWPORT NEWS**  
**DEPARTMENT OF HUMAN RESOURCES**  
700 Town Center Drive, Suite 200  
Newport News, VA 23606  
Telephone: 757-926-1800 Fax: 757-926-1842

**REQUEST FOR FITNESS-FOR-DUTY MEDICAL EVALUATION**

**PLEASE COMPLETE THE FOLLOWING:**

|                        |             |                     |
|------------------------|-------------|---------------------|
| _____                  | _____       | _____               |
| <b>Date</b>            | <b>Time</b> | <b>Facility</b>     |
| _____                  |             | _____               |
| <b>Employee's Name</b> |             | <b>Employee ID#</b> |
| _____                  |             | _____               |
| <b>Department</b>      |             | <b>Job Position</b> |

**DETAILED REASON(S) FOR REQUESTING FITNESS-FOR DUTY EVALUATION:**

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|-------------------------------|----------------------|
| _____                         | _____                |
| <b>Supervisor's Name</b>      | <b>Telephone No.</b> |
| _____                         | _____                |
| <b>Supervisor's Signature</b> | <b>Date</b>          |

**Approved By:**

|                                           |                      |             |
|-------------------------------------------|----------------------|-------------|
| _____                                     | _____                | _____       |
| <b>Human Resources Representative</b>     | <b>Telephone No.</b> | <b>Date</b> |
| _____                                     | _____                |             |
| <b>PHYSICIAN/LOCATION FOR APPOINTMENT</b> | <b>DATE/TIME</b>     |             |