

SECTION 1: EMPLOYEE INFORMATION (to be completed by supervisor requesting Fitness for Duty evaluation)

Employee's Full Name: First _____ M.I. _____ Last _____ OSU Employee ID# _____

Job Title _____

Name of Supervisor _____ Office Phone Number _____ Name of HR Representative _____

SECTION 2: REASON FOR COMPLETING FORM

Describe the reason/circumstances requiring a Fitness for Duty evaluation:

Known or suspected medical condition:

Describe observed symptoms: _____

Describe how symptoms impact work duties and/or other concerns: _____

Behavioral issues/problems:

Describe behavior and how it impacts work duties: _____

Safety concerns posed by employee:

Does the employee pose a direct threat to him-/herself or other due to a medical condition? yes no

If yes, describe the threat: _____

Other issues or concerns: _____

SECTION 3: CHECKLIST

Checklist below must be completed prior to scheduling Fitness for Duty evaluation:

- Human Resources representative notified of request for Fitness for Duty evaluation.
- Supervisor/Human Resources representative will contact and discuss FFD evaluation with employee.
- Employee to provide documentation from his/her health care provider regarding medical condition if applicable.
- Copy of Job Description attached.
- If employee has work restrictions, please describe or attach restrictions: _____

Taken off work due to issues/concerns and the following actions have already been taken: _____

Additional information has been attached to request. Please list the additional information: _____

Schedule FFD with Employee Health Services at **614-293-8146**.

Fax request to Employee Health Services at **614-293-8018**.

Signature of Supervisor _____ Date _____

Employee Health Services
McC Campbell Hall Second Floor, 1581 Dodd Drive, Columbus, OH 43210
Phone: 614-293-8146 | Fax: 614-293-8018