

**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