

# Policy 4.40, Medical Examination

## Request for Fitness for Duty or Return-to-Work Evaluation

To be completed by the supervisor/manager requesting a fitness for duty or return to work evaluation.  
This form should be completed after consultation with the Office of Human Resources Employee Relations.

### SECTION 1

Employee/GA's Full Name: First	M.I.	Last	OSU Employee ID#
Title		Department	
Supervisor's Name		Office phone	
HR Representative's Name		Email Address	

### SECTION 2

**1. Describe the objective indications that the individual is physically unable to perform the essential functions of the position:**

**2. Describe the objective indications that the individual is mentally unable to perform the essential functions of the position:**

a. Describe observed behaviors:

b. Describe how behaviors impact work duties and/or other concerns:

**3. Safety concerns posed by individual**

a. Does the individual pose a threat to self or others?  Yes  No

If yes, describe the threat:

b. Other issues, concerns, or questions you want the health care provider to address:

**Attach a current position description and submit completed form to the Office of Human Resources for further review and processing.**

**SECTION 3**

**Checklist below must be completed by college/VP unit human resource professional before scheduling a fitness for duty or return to work (FFD/RTW) evaluation.**

- Notify the human resource professional of request for FFD/RTW evaluation.
- Discuss the FFD/RTW evaluation process with the individual (supervisor and/or HR representative).
- Individual provides documentation from her/his health care provider regarding medical condition if applicable.
- Attach current position description.
- Indicate individual's status:
  - Working with restrictions. Attach a copy of the restrictions.
  - Working without restrictions.
  - Has FML for this condition. Attach copy of FML documentation.
  - Removed from duty due to issues/concerns.

The following actions have already been taken:

- List all attachments:

- Schedule FFD/RTW evaluation with Employee Health Services at **614-293-8146** or alternate provider in consultation with OHR or OSUMC HR.
- Fax request to Employee Health Service **614-293-8018**.

**SECTION 4**

\_\_\_\_\_  
Signature of Unit Human Resource Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Information for Unit HRP: Email

\_\_\_\_\_  
Phone