



# Medical Center

Employee Health Services

2100 A Cramblett Hall  
456 W 10th Ave  
Columbus, OH 43210  
614-293-8146 / 614-293-8018

## Request for Fitness for Duty

To be completed by supervisor requesting Fitness for Duty (FFD) evaluation.

**Employee Name:** \_\_\_\_\_ **Employee ID#:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_ **Office phone number:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Describe the reason/circumstances requiring a fitness for duty:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1. Known or suspected medical condition**

a. Describe observed symptoms:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**2. Behavioral issues/problems**

a. Describe behavior and how it impacts work duties:

\_\_\_\_\_  
\_\_\_\_\_

**3. Safety concerns posed by Employee**

a.  Yes  No Does the Employee pose a direct threat to themselves or others due to a medical condition. If yes, describe the direct threat:

\_\_\_\_\_  
\_\_\_\_\_

**4. Other issues or concerns**

\_\_\_\_\_  
\_\_\_\_\_

**Checklist below must be completed prior to scheduling Fitness for Duty Evaluation**

Human Resource Representative notified of request for Fitness for Duty evaluation.

Supervisor/Human Resource 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 additional information: \_\_\_\_\_

Schedule FFD with Employee Health Services at **614.293.8146**

Fax request to Employee Health Service **614.293.8018**

\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
**Date**