

The purpose of the fitness-for-duty examination is to determine whether or not an employee is medically able to perform his or her job responsibilities. The employee's supervisor submits the request to the installation head or designee, who concurs with or denies the request. If there is concurrence, the request is forwarded to the Human Resources manager or designee. The supervisor must submit specific substantiating information with the request, including a copy of the attendance record, a job description with functional and environmental factors, and all other relevant observations regarding the employee.

It is essential that this substantiating documentation be specific and all-inclusive. This document along with the substantiating information may be submitted in its entirety to the examining medical professional.

Please complete the following:

Date (MM/DD/YYYY)	Time	Pay Location	Facility
Employee's Name			Social Security No.
Street Address			Telephone No. (Include Area Code)
City		State	ZIP Code
Tour and Hours		Nonscheduled Days	
Job Title			Duty Status
Is This Request Due to a Job Related Injury or Illness? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Injury (MM/DD/YYYY)
Reason for Requesting the Fitness-for-Duty Examination: <i>(Additional information may be submitted on a separate page)</i>			

Supervisor's Name	Telephone No. (Include Area Code)
Supervisor's Signature	Date (MM/DD/YYYY)

Approved By:

Facility Manager's Name	Telephone No. (Include Area Code)
Facility Manager's Signature	Date (MM/DD/YYYY)

In the event this is an emergency fitness for duty request, please supply the following:

Employee Taken to:

Health Unit Contract Clinic Emergency Facility

Name and Location