



FITNESS FOR DUTY REPORT
(To be completed by attending physician)

Please Note: This document is designed to assist the College in providing employees with reasonable accommodations and/or modified work or schedule. DO NOT INCLUDE MEDICAL DIAGNOSIS. If you need additional information, please contact the Office of Human Resources.

Employee's Full Name: _____
(Please Print)

Please Check Appropriate Status (One Only):

- May return to regular job (complete items 6,7,8, 9 & 10) Return Date: _____
May return to limited-duty (complete items 1-10) Return Date: _____
May not return to work at this time (complete items 6, 7,8, 9 & 10) Tentative Date: _____

- 1. In an _____ hour day, employee can: (circle duration of each activity)
a. Sit 1 2 3 4 5 6 7 8 hours
b. Stand 1 2 3 4 5 6 7 8 hours
c. Walk 1 2 3 4 5 6 7 8 hours

- 2. Employee is able to: (check capacity for each activity)
100% No Restriction 66% Frequently 34%-65% Moderately 1%-33% Occasionally 0% Never
a. Bend
b. Climb
c. Crawl
d. Push
e. Pull
f. Reach (above shoulder)
g. Squat

- 3. Use of hands: (check yes or no as it applies to each task)
Repetitive Simple Grasping Pushing/Pulling Fine Manipulation
a. Right Yes No Yes No Yes No Yes No
b. Left Yes No Yes No Yes No Yes No

- 4. Lifting Capabilities: (Please check)
100% No Restriction 66% Frequently 34%-65% Moderately 1%-33% Occasionally 0% Never
a. Up to 10 lbs.
b. 11 to 20 lbs.
c. 21 to 50 lbs.
d. 51 to 100 lbs.

5. Projected time needed for limited-duty: 3-7 days 7-14 days 2-4 weeks

6. Physician comments or suggestions: _____

7. Please list side effects from medications, if any, which may impair employee's ability to safely perform work tasks: _____

8. Date of next appointment: _____

9. Treating Physician Name (Please print): _____

10. Treating Physician Signature: _____ Date: _____

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information", as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.