

# FITNESS FOR DUTY CERTIFICATION

**PART A - TO BE COMPLETED BY SUPERVISOR  
 (PART B TO BE COMPLETED BY ATTENDING PHYSICIAN)**

EMPLOYEE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

**I. In a typical 8-hour work day, this job requires the following physical activities:**

	Not at all 0%	Rarely <10%	Occasionally 11-33%	Frequently 34-66%	Continuously 67-100%
A. Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Bend/Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Reaching above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Pushing/pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Lifting and/or carrying:					
Up to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 to 20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 to 50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 to 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100+ lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II. This job requires the following repetitive hand/wrist activities:**

	Not at all 0%	Rarely <10%	Occasionally 11-33%	Frequently 34-66%	Continuously 67-100%
A. Simple grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Firm grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Fine manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Typing/keying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**III. This job requires the following working conditions:**

A. Working on unprotected heights:  Yes  No

Describe: \_\_\_\_\_

B. Being around moving machinery:  Yes  No

Describe: \_\_\_\_\_

C. Exposure to marked changes in temperature and humidity:  Yes  No

Describe: \_\_\_\_\_

D. Driving automotive equipment:  Yes  No

Describe: \_\_\_\_\_

E. Exposure to dust, fumes, gases:  Yes  No

Describe: \_\_\_\_\_

**IV. This job requires the following physical skills and abilities:**

Vision acuity Describe: \_\_\_\_\_

Hearing acuity Describe: \_\_\_\_\_

Speaking Describe: \_\_\_\_\_

**V. This job requires the following skills and abilities:**

- A. Interaction with customers or outside vendors  Yes  No
- B. Coordinating activities  Yes  No
- C. Verbal and written communication  Yes  No
- D. Supervisory  Yes  No
- E. Analytical  Yes  No
- F. Decision making  Yes  No

**VI. Comments - Include any other information that will aid in the accurate description for this job's requirements.**

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**VII. Employee Acknowledgment.**

My department/supervisor has my permission to contact my health care provider indicated on this certification for the purposes of clarification and authentication.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VIII. Supervisor Signature**

\_\_\_\_\_  
Print Supervisor's Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Supervisor's Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work Phone

**PART B – TO BE COMPLETED BY EMPLOYEE’S ATTENDING PHYSICIAN**

Effective as of \_\_\_\_\_ the above named employee is hereby certified as fit to resume work duties as follows:

Full-time duties, no restrictions

Full time duties, with the following restrictions (conditions and duration):

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Part-time duties, no restrictions

Part-time duties, with the following restrictions (conditions and duration):

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Intermittent duties, with the following restrictions (conditions and duration):

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Additional comments, if any:

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Name of Attending Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Type of practice/specialty: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_