

Job-Specific Fitness for Duty Assessment

Employee Name

Employee ID

Job Title/Position

Department

Assessment Date

Assessor (Name & Role)

Reason for Assessment

Select Reason

If other, please specify

Job Requirements

List the physical, cognitive, and emotional requirements for the job.

Assessment Findings

Describe relevant observations, test results, and findings from assessment.

Assessment Outcome

Select Outcome

If restrictions apply, list them here.

Recommendations

Provide any recommendations or next steps.

Assessor Signature

Date

Employee Signature (if applicable)

Date