

## FIT-FOR-DUTY EVALUATION

An employer opts to evaluate an employee's ability to perform their job duties for two principal reasons:

- To establish whether following a disability the employee has made an adequate recovery to return to work
- To establish whether an employee has a medical condition that may affect their ability to perform the essential job functions

Asante Work Health assists employers with both types of evaluations.

Employees recovering from a disabling illness or injury are referred to Asante Work Health for a fit-for-duty evaluation prior to returning to work. This evaluation is tailored to the employee's specific job functions. A medical provider performs the physical examination, and a physical/occupational therapist conducts the functional exam and physical capacities evaluation. Fit-for-duty evaluations determine whether the employee has the physical capacity to perform their job functions safely and can return to work.

Employees who are currently working and appear to not be fully capable of performing their duties are a concern to an employer. Often such concerns translate directly to safety issues. In this situation, the medical evaluation will help the employer make a plan of action.

For more information about the referral process or to request a fit-for-duty evaluation, please contact an Asante Work Health referral representative:

**Medford . . . . (541) 789-4236**

**Grants Pass . . (541) 507-2290**

**Our goal is to schedule evaluation appointments within two business days.**

**Please submit the completed fit-for-duty referral form, along with the job analysis, the employee's medical release, if applicable, and all pertinent medical records. All records must be received prior to the evaluation visit.**

*(form on following page)*



# Fit-for-duty Referral Form

For Asante Work Health to schedule a fit-for-duty, return-to-work evaluation for your employee, the following information is needed:

EMPLOYEE INFORMATION
Name _____
Address _____
City _____ State _____ ZIP _____
Phone _____
Social Security number _____ <i>(for registration)</i>
Date of birth _____
<input type="checkbox"/> Job/position _____
<input type="checkbox"/> Commercial driver (DOT)

COMPANY INFORMATION
Name _____
Billing address _____
_____
City _____ State _____ ZIP _____
Phone _____
Fax _____
Contact person _____

### Indication for Referral

- Employee is currently not working due to a disability (medical condition or injury).** A fit-for-duty evaluation includes a **medical examination and functional testing** to determine whether the employee can perform essential job functions.
- Employee currently working.** There are concerns regarding employee’s ability to perform the essential job functions or there are safety concerns. The fit-for-duty evaluation starts with a **medical examination**. Further evaluation and functional testing are to be determined.

List all concerns

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List any directly observed behaviors

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### Authorization for fit-for-duty evaluation

Signature \_\_\_\_\_ Job title \_\_\_\_\_

Print name \_\_\_\_\_

Please **fax** this completed form with the job analysis and medical releases to:  
**Medford: (541) 789-4060 • Grants Pass (541) 507-2291**

If you have any questions, please contact Asante Work Health at:  
**Medford: (541) 789-4236 • Grants Pass (541) 507-2290**