

FIT FOR DUTY FORM

Employee Name: _____ Department: _____

Job Title: _____ Supervisor: _____

Medical and Fitness Evaluation:

I certify that I am physically and mentally fit to perform all duties required by my position without risk to the safety and health of myself or others. I do not have any medical condition, impairment, or use of medication that would impair my ability to perform my job safely.

Drug and Alcohol Testing:

I acknowledge that I am subject to company drug and alcohol policies, and testing may be conducted randomly, post-incident, or as required by law or company policy. I certify that I am not under the influence of any substance that would impair my ability to work safely.

Mental and Emotional Fitness:

I declare that I am mentally and emotionally capable of performing my assigned duties and responsibilities without undue stress, anxiety, or impairment that could jeopardize safety or job performance.

Personal Protective Equipment (PPE):

I confirm that I am aware of and will use all required Personal Protective Equipment (PPE) necessary to safely perform my job tasks in accordance with company standards and OSHA regulations.

Acknowledgment of Safety Policies:

I have received, read, and understand all applicable safety policies, procedures, and protocols. I commit to strictly adhere to them at all times, and I understand that failure to do so may result in disciplinary action.

Health Conditions or Restrictions (if any):

Employee Declaration:

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that falsifying this document may result in disciplinary action, including termination of employment. I agree to immediately notify my supervisor if my fitness status changes.

Employee Signature: _____ Date: _____

Supervisor Review and Approval:

I have reviewed the above fitness-for-duty information and conducted any necessary evaluations or tests. Based on this review, I find the employee fit to perform the assigned duties safely and effectively.

Supervisor Signature: _____ **Date:** _____

This Fit For Duty Form is intended to comply with all applicable United States federal and state laws, including but not limited to OSHA regulations and the Americans with Disabilities Act (ADA). The information collected herein shall be maintained confidentially and used solely for the purpose of ensuring workplace safety and compliance.

Employee Signature

Supervisor Signature

Signature: _____

Signature: _____

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