

Fitness for Duty Medical Assessment Form

The **Fitness for duty medical assessment form** sample is designed to evaluate an employee's physical and mental capability to perform job responsibilities safely and effectively. This form helps employers ensure workplace safety and compliance with health regulations. It typically includes sections for medical history, physical examination, and fitness determination.

Employee Information

Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Job Title:	<input type="text"/>	Department:	<input type="text"/>
Date of Assessment:	<input type="text"/>		

Medical History

Current Medications:	<input type="text"/>
Medical Conditions:	<input type="text"/>
Allergies:	<input type="text"/>
Past Surgeries/Injuries:	<input type="text"/>

Physical Examination

Height:	<input type="text"/>	Weight:	<input type="text"/>
Blood Pressure:	<input type="text"/>	Vision:	<input type="text"/>
Hearing:	<input type="text"/>	Other Notes:	<input type="text"/>

Fitness Determination

Based on the assessment, the employee is:	
<input type="checkbox"/> Fit for duty (no restrictions)	
<input type="checkbox"/> Fit for duty with restrictions	<input type="text" value="If restrictions, specify"/>
<input type="checkbox"/> Not fit for duty	
Comments / Recommendations:	<input type="text"/>

Examiner Information

Name:	<input type="text"/>	Signature:	<input type="text"/>
Date:	<input type="text"/>		