



Notification of Fitness for Duty Evaluation Procedure

Employee Name: _____

Date: _____

This serves as written notification directing you to undergo a Fitness for Duty Evaluation. The reason(s) for this request are:

The evaluation should be scheduled with:

- Employee's own healthcare provider _____
- Employer's designated healthcare provider _____
- Other _____

You are instructed to cooperate with the evaluation. This evaluation is being conducted for use by _____. You will not be permitted to return to work until (1) your supervisor has received the necessary certification from your healthcare provider, and (2) the _____ has made its decision on whether the certification is sufficient, and you may return. In some cases, a second, independent evaluation may be necessary.

You will need to sign a form to release information to the _____ for your healthcare provider to give us information. Be sure you sign a form for this purpose in your healthcare provider's office.

Refusal to comply with this request or with any part of the evaluation may be grounds for disciplinary action, up to and including termination.

Signature of Employee's Supervisor/Manager

Date