



Fitness for Duty Assessment Checklist

When an employee exhibits behavior(s) or other indicators, such that there is direct threat to health/safety to self or others, this assessment is to be completed.

First and Last Name:		UMID or Campus ID:	
Job Title/Department:		Employee Contact:	
Date/Time of Incident:		Location of Incident:	
Direct Supervisor: (for notification of results)		Supervisor Contact:	

Briefly describe incident (attach additional sheets as needed)

- If the situation appears to be a medical emergency or imminent threat, please call 911.
- Call for a second observer/witness (preferably supervisor-level or above) to the incident.
- Document observation and indicators by completing the Assessment Form.
- Relieve employee from duty and remove from worksite.
- Explain to the employee the purpose of the Fit For Duty evaluation and why their behavior necessitates the reasons for the evaluation.
- Consult (*call*) with your Human Resource Business Partner who will include Work Connections regarding the Fitness for Duty evaluation.

Stop using this form if either:

- A) The individual is observed or discovered to be in possession of intoxicants, narcotics, medications, or related paraphernalia outside clinical scope of practice.
- B) The individual was witnessed to be using alcohol or other intoxicants while on duty.

Supervisor must initiate For Cause Testing process in these cases

Refer to this policy: [Michigan Medicine Drug-Free Workplace Policy, 04-06-036](#)

Check *all* observations and indicators that apply.

A pattern of the following indicators AND / OR an appearance of one of the following, which if not otherwise explained, justifies a reasonable concern about impairment/intoxication.

- Individual is severely impaired (e.g., unconscious, staggering, incoherent, or exhibiting extreme physical symptoms)
- Individual is posing an imminent direct threat to harm themselves (e.g. suicidal statements) or intent to harm/plan to harm self or others
- Individual is not severely impaired, violent or threatening, but behavior indicates conduct that poses an imminent and/or serious safety threat to others.

Physical Indicators					
<p style="text-align: center;"><u>Walking/Standing</u></p> <input type="checkbox"/> Stumbling / Staggering <input type="checkbox"/> Unable to Walk / Stand <input type="checkbox"/> Swaying <input type="checkbox"/> Falling or Fell <input type="checkbox"/> Loss of balance <input type="checkbox"/> Leaning on objects for support	<p style="text-align: center;"><u>Appearance</u></p> <input type="checkbox"/> Puncture marks/needle tracks <input type="checkbox"/> Disheveled <input type="checkbox"/> Drowsiness/sleepiness <input type="checkbox"/> Excessive sweating <input type="checkbox"/> Deterioration in personal hygiene	<p style="text-align: center;"><u>Speech</u></p> <input type="checkbox"/> Slurred <input type="checkbox"/> Shouting <input type="checkbox"/> Incoherent <input type="checkbox"/> Rambling <input type="checkbox"/> Repetitive			
<p style="text-align: center;"><u>Eyes</u></p> <input type="checkbox"/> Watery <input type="checkbox"/> Droopy eye lids <input type="checkbox"/> Glassy <input type="checkbox"/> Bloodshot/Red <input type="checkbox"/> Pupils (small, pinpoint or dilated)	<p style="text-align: center;"><u>Movements</u></p> <input type="checkbox"/> Fumbling <input type="checkbox"/> Tremor <input type="checkbox"/> Restless/Agitated <input type="checkbox"/> Slowed <input type="checkbox"/> Loss of manual dexterity	<p style="text-align: center;"><u>Face</u></p> <input type="checkbox"/> Red/Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Other			

Behavioral Indicators			
<p style="text-align: center;"><u>Demeanor</u></p> <input type="checkbox"/> Disoriented <input type="checkbox"/> Anxious <input type="checkbox"/> Talkative <input type="checkbox"/> Mood Changes	<p style="text-align: center;"><u>Actions</u></p> <input type="checkbox"/> Fighting <input type="checkbox"/> Argumentative <input type="checkbox"/> Erratic <input type="checkbox"/> Hostile <input type="checkbox"/> Threatening <input type="checkbox"/> Hyperactive		

Data Indicators
<input type="checkbox"/> Pattern of non-explainable behavior changes
<input type="checkbox"/> Other: (explain)

Checklist Completed by: _____ Date: _____

Second Witness: _____