Clinical Fit-for-Duty Certificate

Employee Name:

Employee ID/Number:

Job Title/Position:

Department:

Date of Examination:

Summary of Clinical Evaluation:

Fit-for-Duty Status:
○ Fit for Duty
○ Fit with Restrictions
○ Not Fit for Duty

Restrictions or Recommendations (if any):

Examining Clinician:

Signature:

Date: