

Carolina Family Health Centers, Inc.

Medical Provider Evaluation for Fitness for Duty

This individual has attested to having a cognitive, mental health, substance use, or medical condition that might affect his/her ability to carry out his/her job responsibilities. As this person's medical or mental health provider, we ask that you review the attached position description and determine if there are any physical or cognitive issues that would prevent the individual from carrying out his/her job responsibilities.

Employee Name: _____

Date of Birth: _____

Please check the status of the individual's fitness for duty:

☐ I have reviewed this individual's job description and responsibilities. Based on my assessment of this individual, he/she does not have physical or cognitive impairments which would impair his/her ability to perform these duties.

☐ I have reviewed this individual's job description and responsibilities. Based on my assessment of this individual he/she is **not** fit to perform these duties.

If this individual is not fit to perform his/her duties, please explain:

Health Care Provider's Signature

Health Care Provider Printed Name

Date