

## FITNESS FOR DUTY

Once a supervisor has determined they have a concern for the health and welfare of an employee or his/her co-workers due to the employee's inability to perform the essential functions of his/her job duties, he/she can be sent for a fitness for duty physical.

The supervisor will complete a "Fitness for Duty-Physical Examination Request" and "Medical Fitness for Duty Determination Database Supervisor or Employer's Representative Questionnaire." It is important that these forms are completed thoroughly, and provide as much detail as possible. These documents are to be submitted to the Human Resources Department, Labor Relations and Compensation Division in order to be approved, along with the employee's job description and essential job functions.

The employee will need to gather five (5) years of medical records from every doctor they visited during that period of time to the County physician at the time of the visit. When feasible and at the department's discretion, the employee will be given administrative leave (***Relief of Duty with Pay***) in order to obtain these records. **Under no circumstances is the employee to give his medical records to his/her supervisor.**

During the time an employee is gathering his/her medical records, waiting for the appointment and the results of the physical, the employee will remain out on administrative leave and/or Family Medical Leave until he/she has been cleared to return to work.

If an employee is found to be unfit to return to duty he/she will be put on a Family Medical Leave for up to 12 weeks in order to address whatever medical issues need to be addressed. They will be able to use sick leave during this time, if they choose to and have it available.

If the employee is still unable to return to work after 12 weeks, he/she will be required to request a medical leave of absence. He/she would obtain those documents from their respective Departmental Human Resources Division. Those documents are submitted to the Department Director for approval. The Director is able to approve a medical leave for up to one (1) year. If the employee needs more time than requested, he/she will have to submit a medical leave request to their respective Human Resources Division to be forwarded to the Director of the Human Resources Department for approval.



HUMAN RESOURCES DEPARTMENT

FITNESS FOR DUTY – PHYSICAL EXAMINATION REQUEST

Name:	ID #:
Job Title:	Department:

Is the reason for this request due to a job related injury?

No  Yes  If yes, contact Risk Management, Internal Services Department (ISD) for examination.

**Instructions:** Complete this form in its entirety and forward to Stephen P. Clark Building, Human Resources Department, Labor Relations and Compensation Division, 111 NW 1<sup>st</sup> Street, Suite 2140, Miami, FL 33128.

Please attach a current job description and an Essential Job Function Form for the employees' classification. These documents must be received before the examination is scheduled.

The employee must provide a copy of all of their medical records, including X-rays and consultations pertaining to the present problem, for the past five years on the time of the physical examination. If this is not done, the physical examination will not take place.

All Fitness for Duty Physical Examination requests must be approved by the Labor Relations and Compensation Division before the appointment is scheduled.

Describe problems encountered with employee for requesting this examination. Please be very specific in your description. Attach additional pages if necessary and other documentation justifying your request.

Supervisor observing the problem (s) listed above:

Name	Title	Telephone #	Date
------	-------	-------------	------

**Departmental Approval (Signature of Division Director or above):**

Name	Title	Telephone #	Date
------	-------	-------------	------

Upon approval of this request and receiving all medical records, Labor Relations and Compensation Division will call the Departmental Personnel Representative to schedule an appointment. If you have any questions concerning this procedure, please call (305) 375-1398.

MEDICAL FITNESS FOR DUTY DETERMINATION DATABASE  
SUPERVISOR OR EMPLOYER'S REPRESENTATIVE QUESTIONNAIRE

Employee \_\_\_\_\_ Supervisor \_\_\_\_\_

The above named employee has been referred for evaluation of medical fitness for job-specific duty. Your direct observations of the employee's abilities and limitations while actually performing the essential duties of the job. Provide the most relevant data upon which fitness for duty can be determined. **Please be concise and specific with your observations and maintain focus on the employee's performance of essential job functions and fulfillment of specific responsibilities such as attendance.**

1. Please list the most essential duties of the employee's current job:

---

---

---

---

2. In what way is the employee failing to perform these or other essential job duties? Be specific. What is the primary functional limitation of the employee, and how does this limitation manifest into inadequate work performance? i.e., back pain causing excessive absenteeism. You **MUST** attach **incident reports or performance evaluations to document inadequacies.**

---

---

---

---

3. Do you feel that the functional limitations contributing to the employee's inability to adequately perform the essential duties of the job are the result of specific and legitimate medical illness? Please explain.

---

---

---

---

4. What good-faith efforts have been made to reasonably accommodate the employee's limitations? i.e. reduced or flexible work hours, task reassignment to other employees, ergonomic modifications of worksite? Have these accommodations been effective in allowing the employee to adequately perform the essential duties of the job?

---

---

---

---

5. Have the above accommodations created undue hardship in the workplace? i.e. interfered with productivity, created excessive expense to the employer, fostered co-worker resentment or undermined morale?

---

---

---

---

6. Do you foresee any reasonable accommodation of the employee's functional limitations that would permit performance of the essential duties of the job, while not creating undue hardship in the workplace?

---

---

---

---

I attest that the information provided above is true to the best of my knowledge.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date