

Provo City School District Fitness For Duty Physical Exam Form

Under certain circumstances, Provo City School District may require an employee to provide additional evidence that he/she is able to perform the essential job functions outlined in his/her job description. This insures that no physical conditions exist that:

- prevent the employee from performing his/her duties
- endanger the employees safety or health
- endanger others' safety or health

To the Employee:

1. Make an appointment for a "Fitness for Duty" evaluation with a licensed physician within the next 13 days at:
Work Med Orem IHC Health Center
830 N 980 W
Orem, UT 84057
2. Give this form, along with a written copy of your job description to the physician during your scheduled appointment. The physician will complete a "Fitness for Duty" evaluation, based on your job description.
3. Have the physician completed the bottom portion of this form.
4. Return the completed form to the Provo City School District HR Office after your evaluation.
5. Provo City School District will pay for the cost of the evaluation.
6. All information gathered during the evaluation will be kept confidential in the HR Office in a medical file apart from the regular employee Personnel file.

Name of Employee: _____ DOB _____

Address: _____ City _____ Zip _____

Position held in Provo City School District _____ Gender M / F

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To the Physician:

Please read the attached job description for the person listed above and certify that he/she can perform the essential job functions of the position for which he/she is assigned as lasted in the job description. Please indicate any restrictions or limitations the employee may have related to this job.

I hereby certify that on _____, I examined _____

And found him/her to be fit to perform the essential job functions of the position for which he/she is assigned:

- Without limitation
- With the following limitations: (i.e. "May not lift over 20 pounds for six weeks")

- Other:

Signature of Physician

Date