



CRISISCare INTERNATIONAL

Fitness for Duty Documentation Form

(EMPLOYEE NAME)

(DATE)

Time of observation: From: _____ To: _____ Witness: _____

Description of Event:

Observed Behaviors of Impairment:

Employee Response to Feedback about Behaviors:

Is the employee willing to submit to a Fitness for Duty Evaluation? Yes No

Was a drug test completed? Yes No

Where can the employee be contacted in the next 24 hours? _____

Disposition:

- Sent home with transportation provided
- Transported home with family or friend
- Sent to emergency room or other health care provider

Supervisor Signature: _____ Phone: _____

Supervisor Name: _____ Date: _____

Give a copy of this form to the employee, HR and fax a copy to Crisis Care International CAP 866.226.3167