Oklahoma Department of Corrections
Fitness for Duty Exam

To the Health Care Provider:

Oklahoma Department of Corrections' Employee _____ is referred to you for the purpose of providing medical documentation concerning a potential medical condition that impacts their employment. The employee was requested by the agency to obtain this documentation for the following reasons and due to the following medical and/or health condition or symptoms:

_____

_____

_____

Attached please find the employee's job description, incident report (if applicable) and any other relevant job information.

Please respond to the following questions:

1. _____ Yes or _____ No   Can the employee currently perform job functions safely and/or effectively, with or without reasonable accommodation?

    If No, what date, if any, do you anticipate that the employee will be able to resume job functions? _____.

    If Yes, and reasonable accommodation is required to permit the employee to continue or resume job functions, please respond to the following:

    a. Describe the nature and severity of Medical Condition/Disability or Impairment:

    b. What is the duration of the impairment (temporary or permanent; if temporary, for how long)?

    c. List all restrictions and/or limitations to activity/activities:

    d. Describe any reasonable accommodation requested:

    e. How does this reasonable accommodation enable the employee to perform the essential functions of the job?

2. _____ Yes or _____No Does the employee currently pose a direct threat (significant risk of substantial harm) to the health or safety of the employee or others that cannot be eliminated or reduced with reasonable accommodation?

    If No, and reasonable accommodation is required, please answer all questions listed above (1 a., b., c., d., and e.)

I have been provided and have reviewed the employee's job family descriptor.   ❏ Yes   ❏ No

Name of Health Care Provider (PRINTED): _____
Address:_____
Specialty or Area of Practice:_____
Signature:_____ Date:_____

This completed form contains confidential medical information and will be maintained in the employee's medical file.