



This form can be found on our EAP website at intermountainhealthcare.org/eap. Click the *Supervisor Toolbox* link on the left side of the page and then find the form under *Supervisor Tools*.



Fitness for Duty

Interview Documentation

Employer

Department

Facility

Manager Name

Manager Phone Number

Employee Name _____
Date

Description of Event:

What behaviors were observed that indicated that this employee was not fit for duty?

(Use the *Incapacity Interview Checklist* to identify the observed behaviors. Add any other behaviors that are not covered with the checklist.)

When these observations were presented to the employee, what was his/her response?

Is the employee willing to submit to a *Fitness for Duty* evaluation? yes no

Was drug test completed? yes no

Was there an EAP assessment with the employee before being sent home? yes no

If not, why? _____

Sent home with transportation provided

Transported home by 3rd party

Sent to emergency room or other healthcare provider

Interviewer Name _____
Phone

Interviewer Signature _____
Date

Give a copy of this form to the employee, HR, and fax a copy to the EAP (801) 442-2300 or email to EAP@imail.org.