

Employee Assistance Program

Fitness for Duty

Behavioral Interview* and Observation Checklist

Date: _____

Employee	Email	Phone
Leader	Email	Phone
Department	Facility	

What behaviors/patterns were observed that indicated that this employee may not be fit for duty? Use the Behavioral Observation Checklist below to identify the behaviors.

Check any behaviors that were observed:

- | | |
|--|--|
| Unsteady gait or balance | Observation of drugs/alcohol while on the job |
| Thoughts grossly disorganized or bizarre | On the job accidents or injuries |
| Attendance problems | Admitted misuse of prescribed medications |
| Unsafe or unprofessional conduct | Increased withdrawal from peers/coworkers |
| Smell of alcohol | Admitted use of drugs/alcohol on the job\Threats, indirect or direct, to self and others |
| Uncontrollable crying | Markedly slow reaction time or hyperactivity |
| Difficulty focusing eyes/staying awake and alert | Difficulty with recall/memory |
| Trembling or shaking hands | Poor judgment/risk taking (recent change) |
| Slurred speech | Other _____ |
| Disheveled appearance | |

Please provide additional information below regarding your concerns: (attach separate form if needed)

Is the caregiver willing to submit to a drug and alcohol test? yes no Was a drug and alcohol 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
 Sent to the ER or healthcare provider
 Sent home by a 3rd party

Employee Name	Signature	Phone
Interviewer Name	Signature	Phone

Give a copy of this form to the employee, HR, and email to EAP@imail.org.
 *This interviewer is not a mental health professional. As such, the responses represent observations only and should not be considered part of a medical conclusion or diagnosis