



Fitness for Duty

Incapacity Interview Checklist*

Check any behaviors that were observed:

- | No | Yes | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty recalling sequence of events |
| <input type="checkbox"/> | <input type="checkbox"/> | Thoughts are grossly disorganized or bizarre |
| <input type="checkbox"/> | <input type="checkbox"/> | Slurred speech |
| <input type="checkbox"/> | <input type="checkbox"/> | Unsteady gait |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty focusing eyes, staying awake and alert |
| <input type="checkbox"/> | <input type="checkbox"/> | Seems "spaced out" |
| <input type="checkbox"/> | <input type="checkbox"/> | Markedly slowed reaction time |
| <input type="checkbox"/> | <input type="checkbox"/> | Trembling or shaking hands |
| <input type="checkbox"/> | <input type="checkbox"/> | Uncontrollable crying |
| <input type="checkbox"/> | <input type="checkbox"/> | Alcohol on breath |
| <input type="checkbox"/> | <input type="checkbox"/> | Disheveled appearance |
| <input type="checkbox"/> | <input type="checkbox"/> | Observations of drug or alcohol use on the job by coworkers |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient or coworker complaints of inappropriate behavior or remarks by employee |
| <input type="checkbox"/> | <input type="checkbox"/> | Threats, direct or indirect, made towards self or others |
| <input type="checkbox"/> | <input type="checkbox"/> | Indicators of being ill (e.g., nausea, fever, pain) |
| <input type="checkbox"/> | <input type="checkbox"/> | Admitted to the use of alcohol or illegal drugs while on the job |
| <input type="checkbox"/> | <input type="checkbox"/> | Admitted the use of prescription drugs is directly affecting work performance |
| <input type="checkbox"/> | <input type="checkbox"/> | Other physical signs or symptoms _____ |

Other observed behaviors:

*An interview with the employee(s) involved in a reportable event should occur before the employee leaves the work site. This form supports the Intermountain Performance Management Decision Tree. If there is any indication of impairment, the *Fitness for Duty* policy must be implemented including an on site drug test before the employee leaves the campus. Contact Intermountain Employee Assistance Program at 1.800.832.7733 for step-by-step instructions. EAP staff are available 24/7.

**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.