



This form can be found on our EAP website at [intermountainhealthcare.org/eap](http://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](mailto:EAP@imail.org). Contact the EAP at 1-800-832-7733.