

Fitness for Duty Certification

Franklin County Schools

215 S. College Street

Winchester, TN 37398

(931) 967-0626

(931) 967-7832 Fax

1. **Employee/Patient** _____

2. **Date of Medical Examination** _____

3. **Please check the status of the employee's release for duty:**

- Full, unrestricted duty effective _____
- Modified duty effective _____ and next evaluation date _____
- Not released for any type of duty. Next evaluation date will be _____

4. **Physical Evaluation**

	Full Restrictions	Partial Restrictions (please specify)	No Restrictions
Sedentary - Lifting 0 - 10 pounds			
Light - Lifting 10 - 20 pounds			
Moderate - Lifting 20 - 50 pounds			
Heavy - Lifting 50 - 100 pounds			
Pulling/pushing, carrying			
Reaching or working above shoulder			
Walking			
Standing			
Stooping			
Kneeling			
Repeated bending			
Climbing			
Operating a motor vehicle			
Finger manipulation (typing)			
Pain (frequency, degree, signs)			

5. **Behavioral Evaluation**

	Able to Perform	Other Considerations (please specify)	Not Able to Perform
Understanding			
Remembering			
Sustained concentration			
Follow through on instructions			
Decision making			
Receiving supervision			
Relating to co-workers and students			

6. **Other restrictions, considerations, or notes:** _____

I hereby certify that the facts in this document are true and correct -

Printed Name of Health Care Provider

Date

Phone Number