Mason County
EMPLOYEE FIT-FOR-DUTY QUESTIONNAIRE

Attending Physician: Please be as precise as possible in identifying any limitations to avoid the need for further clarification.

Patient Name: _____ Date: _____

1. Can the patient perform all of the "essential functions" listed in the job description for _____? ❒Yes ❒No If "no," please explain:

   _____

   _____

2. Does the patient have any limitations on his/her ability to stand? ❒Yes ❒No
   If "yes," identify nature of limitations:

   _____

   _____

3. Does the patient have any limitations on his/her ability to sit? ❒Yes ❒No
   If "yes," identify nature of limitations:

   _____

   _____

4. Does the patient have any limitations on his/her ability to reach? ❒Yes ❒No
   If "yes," identify nature of limitations:

   _____

   _____

5. Does the patient have any limitations on his/her ability to twist or bend? ❒Yes ❒No
   If "yes," identify nature of limitations:

   _____

   _____

6. Does the patient have any limitations on his/her ability to walk? ❒Yes ❒No
   If "yes," identify nature of limitations:

   _____

   _____

7. Does the patient have any limitations on his/her ability to lift? ❒Yes ❒No
   If "yes," identify nature of limitations, including the maximum weight the patient may lift and frequency the patient may lift this amount: _____

   _____

8. Any other limitations on lifting, i.e., lifting overhead, lifting and twisting simultaneously, etc.? ❒Yes ❒No If "yes," identify nature of limitations, including the maximum weight the patient may lift and frequency the patient may lift this amount: _____

   _____

9. Does the patient have any limitations on his/her ability to push or pull object.? ❒Yes ❒No
   If "yes," identify nature of limitations, including the maximum weight the patient may lift and frequency the patient may lift this amount:

   _____

   _____

10. Does the patient have any limitations on his/her ability to squat? ❒Yes ❒No
    If "yes," identify nature of limitations:

    _____

    _____

11. Does the patient have any limitations on his/her ability to work a particular number of hours per day? Per week? ❒Yes ❒No If "yes," identify nature of limitations:

    _____

    _____

12. Does the patient have any limitations on his/her ability to perform any other aspect of the job described in the job description? ❒Yes ❒No If "yes," identify nature of imitations and provide any recommendations of suggestions you may have for accommodation: ____

    _____

    _____

    Are the limitations you have described above temporary in nature? ❒Yes ❒No ❒In Part
    If 'yes," or "in part," please explain which limitations are temporary and the anticipated duration of each limitation. If any of the limitations are likely to be permanent in nature, please identify each permanent limitation:

    _____

    _____

Date employee can return to work: _____

_____ _____

Signature Date

_____

Print Doctor's Name