



VANDERHEYDEN

Giving new life to youth, adults and families



Maintenance Personnel – Fit for Duty

Employee Name: _____

On the basis of my findings, and to my knowledge of this staff member, I find the above-mentioned individual is physically:

Fit: _____ **Fit with**
or Restrictions:** _____ **to perform the duties of their position.**
**** (provide an explanation below if Fit with Restrictions)**

This report indicates the absence of communicable disease, infection, or illness or any physical or mental condition(s) which might affect the proper care of children.

- This includes performing a physical restraint, walking and/or running for a period of time with or without reasonable accommodation.
- Must be able to lift and carry up to 50 pounds, walking for a period of time, and climbing ladders with or without reasonable accommodation.

IF Fit with Restrictions answer the questions below:**

For what reason is the patient Fit with Restrictions and why?

What is the duration for the restriction? _____

Re-evaluation date, if applicable: _____

Physicians Name: _____

Physician's Address: _____

Physician's Signature: _____ Date of Physical: _____

Form may be faxed back to us to 518-283-3013. Thank you.

