The University of Texas at Austin
HealthPoint
Human Resources

Certification of Fitness for Duty

Edited 11/2022

Please note that this employee **will not be permitted to return to work** until this completed evaluation form is received by the University of Texas at Austin.

Employee Information

Employee Name _____ Job Title _____ Date of Birth _____

Department _____ Name of Department Contact _____

This employee has been referred to you for an evaluation and confirmation of fitness for duty based on the following observations on (date) _____. See attached form.

Provider Information — to be completed by healthcare provider

Provider Name _____ Provider Phone _____

Degree _____ Type of Practice/Area of Specialization _____ Date Licensed _____ State _____

Address _____

Date of Examination _____

I have reviewed this patient's job duties (see attached) and I believe the patient is ☐ able ☐ unable to perform those duties at this time.

If this is a behavioral or mental health condition, please provide the most recent Global Assessment of Functioning Score (GAF). GAF Score: _____ Date of Last GAF: _____

This individual will be able to return to work on (date) _____

Other requested information:

I certify that this accurately reflects my informed professional opinion regarding this individual's ability to return to work and perform job tasks as indicated at this time.

Provider Signature _____ Date _____

The University of Texas at Austin
HealthPoint
Human Resources

Certification for Fitness for Duty

Edited 11/2022

Observations: