utmb Health

Fitness for Duty – Observation Report

The Observation Report should be completed when behaviors and/or physical symptoms are observed by or reported to a manager that indicate an employee may be impaired or otherwise unable to safely perform the essential functions of his or her job. Behaviors and/or physical symptoms need to be observed by two employees, one of which must be a manager.

Managers should submit the completed report by scan/email to their assigned Employee Relations consultant, by fax to (409) 747-0333 or by mail to Employee Relations, 301 University Blvd., Galveston, TX 77555-0941.

Part A: Employee Information

Employee name:	**Employee ID**:
Department:	**Title**:

Part B: Behaviors and Physical Symptoms Observed

Date of observation(s):	**Time of observation(s)**:

Check each of the behaviors and/or physical symptoms observed. Please be advised that all characteristics do not need to be present to indicate that a problem may exist.

Ability to Stand
- ☐ Continual leaning for balance
- ☐ Feet wide apart for balance
- ☐ Rigid
- ☐ Sagging knees
- ☐ Swaying
- ☐ Unable to stand
- ☐ Other:

Ability to Walk
- ☐ Falling
- ☐ Holding on for stability
- ☐ Staggering
- ☐ Swaying
- ☐ Unable to walk
- ☐ Other:

Eyes
- ☐ Bloodshot
- ☐ Dilated
- ☐ Droopy lids
- ☐ Pinpoint
- ☐ Use of sunglasses
- ☐ Watery
- ☐ Other:

Nose
- ☐ Chronic sniffing
- ☐ Constantly running
- ☐ Redness
- ☐ Other:

Face/Skin
- ☐ Flushed
- ☐ Marks
- ☐ Needle tracks
- ☐ Pale
- ☐ Sweating
- ☐ Other:

Other Physical Traits
- ☐ Dry mouth
- ☐ Excessive use of mouthwash
- ☐ Mood swings
- ☐ Sleeping on the job
- ☐ Tremors/shakes
- ☐ Other:

Mental State
- ☐ Bizarre statements
- ☐ Confusion
- ☐ Difficulty concentrating
- ☐ Short attention span
- ☐ Other:

Demeanor
- ☐ Crying
- ☐ Excited
- ☐ Fighting
- ☐ Hysterical
- ☐ Indifferent
- ☐ Sleepy
- ☐ Other:

Actions
- ☐ Agitated movements
- ☐ Kicking
- ☐ Punching
- ☐ Resisting
- ☐ Threatening
- ☐ Other:

Speech	Attendance	Work Performance
☐ Abusive	☐ Excessive leave for various reasons	☐ Careless, unsafe work practices
☐ Boisterous	☐ Frequent Monday/Friday absences	☐ Change in productivity
☐ Crying	☐ Disappearances	☐ Change in working with others
☐ Hoarse	☐ Long lunch breaks	☐ Complaints from others
☐ Incoherent	☐ Excessive lateness, especially after off days and when returning to work	☐ Errors in judgment
☐ Profane	☐ Requests to leave work early	☐ Excuses for poor work
☐ Rambling	☐ Frequent trips to the restroom	☐ Failure to follow policies
☐ Shouting	☐ Higher absent rate than others for colds, flu or gastritis	☐ Inability to follow directions
☐ Slurred/Garbled	☐ Other:	☐ Inconsistent work quality
☐ Other:		☐ Increased errors
		☐ Increased injuries
		☐ Taking more time to complete tasks
		☐ Other:

Please provide additional comments about observed behaviors and/or physical symptoms. Be sure to include any patterns or significant changes in appearance, actions, attendance, work performance, etc.

Part C: Observer Information

Observer 1

Employee name:		**Title**:
Department:	**Phone number**:	**Email**:
Signature:		**Date**:

Observer 2

Employee name:		**Title**:
Department:	**Phone number**:	**Email**:
Signature:		**Date**:

For Internal HR Use

Report received by:		**Date received**:
Phone number:	**Alternate phone number**:	**Email**: