Fitness for Duty Certification

Sioux City Community Schools
believe... achieve... succeed

Employee Name/Patient: ____

Provider Name & Address:____

Date of Medical Examination: ____

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 ___________________

Physical Evaluation

	Full Restriction	Partial Restrictions (Please specify)	No Restriction
Sedentary – Lifting 0 to 10 pounds			
Light-Lifting 10 to 20 pounds			
Moderate-Lifting 20 to 50 pounds			
Heavy-Lifting 50 to 100 pounds			
Pulling/Pushing/Carrying			
Reaching/working above shoulder			
Walking			
Standing			
Stooping			
Kneeling			
Repeated Bending			
Climbing			
Operating a motor vehicle			
Finger Manipulation (typing)			
Pain (frequency, degree, signs)			

Behavioral/Cognitive Evaluation

	Full Restriction	Partial Restrictions (Please specify)	No Restriction
Understanding			
Remembering			
Sustained Concentration			
Follow-through on instructions			
Decision making			
Ability to assess time and location			
Communication			
Object recognition			
Relating to co-workers and students			

Additional Notes: ____

____

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______________________________ ________________ ________________

Provider Signature Date Phone Number

Return to:
Sioux City Community School District, Attn: Kim Smith, Benefits Manager, 627 4th St, Sioux City, IA 51101
Fax:712-279-6672 Phone:712-279-6692 Ext 6121