

All policies, procedures, and forms reprinted are intended not as models, but rather as samples submitted by Quality First Healthcare Consulting, Inc. for illustration purposes only. QFHC is not responsible for the content of any reprinted materials. Healthcare laws, standards, and requirements change at a rapid pace, and thus, the sample policies may not meet current requirements. QFHC urges all clients to consult with their legal counsel regarding the adequacy of policies, procedures, and forms

Insert Health Center Name
Fitness for Duty Statement

If the answer is Yes to Questions 1 and/or 2 please provide a separate written explanation for this response.

1. Do you currently have, or have you ever had a problem associated with the use or misuse of drugs or controlled substances of any kind (whether obtained by prescription or otherwise) or alcohol?

Yes ___ No ___

2. Have you ever been in treatment for alcohol or drug abuse or dependency, or for the misuse of controlled substances?

Yes ___ No ___

If the answer is No to Question 3 please provide a separate written explanation for this response.

3. Are you able to perform all the services required by your employment agreement, position description, and/or participation agreement of the Health Center to which you are applying or renewing, with or without reasonable accommodation, according to accepted standards of professional performance and without posing a direct threat to the safety and security of patients?

Yes ___ No ___

I hereby affirm that the information submitted above is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material, omissions, or misrepresentations may result in denial of my application or termination of my privileges, employment, or participation agreement, as applicable.

Print Name:

Signature:

Date:

Confirming Authority Name (Print):

Title:

Signature:

Date:

