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## Request for Certification of Fitness for Duty

This form needs to be completed by supervisor, manager, or director and emailed to [employeehealthtmh@tmhs.org](mailto:employeehealthtmh@tmhs.org), faxed to 713-441-7200, or brought to The Employee Health Clinic before the employee listed below is seen by a provider.

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**Employee Name**

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**Job Title**

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**Department**

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**Department Contact Number**

The request for Medical Certification is for the following reason(s):

- Observation of unsafe work
- Employee complains, concerns, or request for accommodation
- Reasonable suspicion for drugs and alcohol (please refer to [Policy HR88](#))
- Post-accident or incident
- Personal Injury or Illness

Please describe observations related to the Employee's work duties (task specific concerns). Medical Disorders do not need to be documented here.

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**Director/Manager/Supervisor/HR Signature**

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**Date**

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**Director/Manager/Supervisor Name**