



UNIVERSITY OF MARYLAND

ACUTE FITNESS FOR DUTY REQUEST REFERRAL CHECKLIST

EMPLOYEE NAME: _____

JOB TITLE: _____

DEPT./ UNIT: _____

Is the employee required to have a DOT card? Yes _____ No _____ Don't Know _____

A supervisor or manager must complete this form when an employee exhibits signs of possible impairment at work to request the employee be seen immediately at the University Health Center. A supervisor or manager **must** take the employee to the University Health Center, and present this completed form. Employees who are suspected of possibly being impaired or otherwise under the influence are not allowed to drive any vehicles, including their personal and State owned vehicles.

- Fill in appropriate observations and information below
- Take reasonable steps to assure the safety of all employees, including the potentially impaired employee. Accompany the employee to the University Health Center
- In the event of emergency circumstances, call 911 and request assistance
- If the employee is violent, verbally abusive or otherwise threatening, do not attempt to physically restrain the employee or interfere with his/her free movement in any way.

Date/Time of Incident/Observation: _____

Location: _____

Names of Witness(es) to incident: _____

I. Check all applicable indicators for Acute Referrals to the University Health Center:

- | | |
|--------------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Uncharacteristic aggressive behavior | <input type="checkbox"/> Drowsiness or sleepiness |
| <input type="checkbox"/> Odor of alcohol on breath | <input type="checkbox"/> Unexplained work errors |
| <input type="checkbox"/> Inability to concentrate or lack of attention | <input type="checkbox"/> Lack of manual dexterity |
| <input type="checkbox"/> Unexplained work-related accident or injury | <input type="checkbox"/> Slurred, incoherent speech |
| <input type="checkbox"/> Lack of coordination in walking | <input type="checkbox"/> Unexplained changes in mood |
| <input type="checkbox"/> Employee found with alcohol/drugs in their possession | |
| <input type="checkbox"/> Other (describe) _____ | |



**NOTICE OF NON-DISCIPLINARY REFERRAL
TO THE UNIVERSITY HEALTH CENTER
FOR ACUTE FITNESS FOR DUTY EVALUATION AND TESTING**

You are being referred to the University Health Center for an acute fitness for duty examination under UMD Policy VI-8.00(F) *University of Maryland Fitness for Duty Policy and Procedures*.

You may or may not be subject to disciplinary action as a result of the information noted on the Acute Fitness for Duty Referral Checklist and/or for the testing performed. *However, you are not currently being disciplined.*

BEFORE YOU ARE PERMITTED TO RETURN TO WORK, YOU **MUST** OBTAIN A CERTIFICATION FROM THE UNIVERSITY HEALTH CENTER THAT YOU ARE FIT TO PERFORM YOUR DUTIES.

Employee Name (Printed)

Employee Signature
(acknowledging receipt only)

Date Given to the Employee

Printed Name of Person Providing this Page

Name of Department/Unit

Job Title

Work Phone