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FITNESS FOR DUTY EVALUATION FORM

1. Please provide a written description of the objective evidence that has caused concerns about your employee's fitness for duty:

- Excessive force
- Alcohol or drug abuse
- Psychiatric hospitalizations
- Poor judgment
- Threats to self or another
- Dramatic changes in personality/behavior
- Lack of alertness
- Suicide attempts
- Domestic Violence

Please explain:

2. Please provide a point of contact (e.g., employee's direct supervisor/superior with telephone number).

Title: _____
Name: _____ Phone number: _____

3. What specific question(s) do you wish addressed as a result of this Fitness for Duty Evaluation?

4. Please provide background and collateral information regarding the employee's past and recent performance, conduct, and functioning, including:

- a. Job class specifications and/or job description.
- Attached
 - Not Applicable
 - Not available

- b. Performance evaluations.**
 Attached Not Applicable Not available
- c. Previous remediation efforts.**
 Attached Not Applicable Not available
- d. Commendations and testimonials.**
 Attached Not Applicable Not available
- e. Internal affairs investigations.**
 Attached Not Applicable Not available
- f. Formal citizen/public complaints.**
 Attached Not Applicable Not available
- g. Use-of-force incidents.**
 Attached Not Applicable Not available
- h. Reports related to officer-involved shootings.**
 Attached Not Applicable Not available
- i. Civil claims.**
 Attached Not Applicable Not available
- j. Disciplinary actions.**
 Attached Not Applicable Not available
- k. Incident reports related to any triggering events.**
 Attached Not Applicable Not available
- l. Medical records.**
 Attached Not Applicable Not available
- m. Prior psychological evaluations (e.g., pre-employment evaluation results)**
 Attached Not Applicable Not available
- n. Other supporting or relevant documentation related to the employee's psychological fitness for duty.**
 Attached Not Applicable Not available

Specify name of document _____

- o. Please provide a copy of your standard operating procedures for FFDE. Please note: evaluations may be limited by contract or union agreements.**
 Attached Not Applicable Not available

SIGNATURE OF REFERRING EMPLOYER:

Name (please print): _____ Signature: _____

Title: _____ Date: _____