

### Fitness For Duty SFM Evaluation Report

<b>Date/Time of Evaluation:</b>	<b>Name of Evaluator:</b>	<b>Individual's Name:</b>
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The following questions are to be answered by the person being evaluated.	YES	NO
1. Do you feel your attentiveness has been affected?	_____	_____
2. Do you feel sluggish or have any physical impairments?	_____	_____
3. Are you experiencing any problems with your vision, i.e. blurred vision, watering eyes, etc.?	_____	_____
4. Are there any functions you feel you can't perform in the following post: response force member, patrol rounds, or escort duties, response duties?	_____	_____
5. Are you taking or going to ingest any substance that may cause drowsiness, i.e. full meal, cold medication, etc.?	_____	_____
6. Are you suffering from any illness such as common cold headaches or sinus problem?	_____	_____
<b>The following questions are to be answered by the evaluator.</b>		
1. Did the employee respond to the above questions in an alert manner?	_____	_____
2. Did the employee display any difficulties maintaining their balance?	_____	_____
3. Is the employee acting in a manner inconsistent with their normal conduct?	_____	_____
4. Does the employee appear to be a threat to themselves or others?	_____	_____

**If any of the above questions are answered, yes, or in a manner that would affect the actual performance of the individual, please explain in the summary report section.**

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Individual Signature	Date	Time
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