

Fitness for Work Assessment

This form may assist where there is a concern about an individual's Fitness for Work. It provides a guide to assess an individual that may not be fit for work due to being adversely affected by liquor and/or a drug, and / or medical reasons, including fatigue.

Observations shall include:

- manner of walking/operating machinery:
 - coordination swaying, need for support etc.
- physical appearance and condition (before and after incident if applicable):
 - eyes, face, hair, smell of breath, clothing, etc.
- behaviour - talkative, abusive, insolent, excited, sullen, un / cooperative, aggressive, sleepy
- speech - slurred, grossly mispronounced, thick, etc.
- memory: can the subject person remember:
 - the date and day of the week
 - place of residence
 - current Prime Minister
 - movements prior to incident (if applicable)

Considerations:

Has the subject person recently:

- suffered any injury or illness
 - brain injury, skull fracture, concussion, other head injury, low blood pressure, shock, diabetes, epilepsy and other pathological conditions may exhibit similar symptoms to a person under the influence of liquor and/or a drug
- received medical or dental treatment and if so what treatment was received, when, where and by whom
- has the subject person taken any medicine and if so, what type, how long since last dose, quantities taken
- is the subject person a diabetic and if so, what medication has been administered - how long since the subject person's last dose?

Questions to ask the individual include coverage of:

- consumption of liquor/drugs; type of liquor/drugs consumed; quantity consumed; times of first and last drink; meals taken and time of last meal _____
 - whether the individual has been exposed to any chemicals _____
 - movement - manner of walking, overall actions, operation of equipment where applicable
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- has the individual been involved in an incident/near miss, and if so, has the individual consumed liquor/drugs before and / or after the incident _____
 - does the individual suffer from a medical condition _____
 - how much sleep has the individual had in the last 24 / 48 hours? _____ (consider using one of the fatigue assessment tools in the fatigue management guide)

Fitness for Work Assessment

Employee's Full Name		Date	
Campus		College / School	
Assessor Full Name		Position	
RECORD OF OBSERVED CHARACTERISTICS			
Please tick the applicable boxes – on completion refer to direct Supervisor / Health Services			
Breath	Smell of intoxicating liquor		
	<input type="checkbox"/> Nil	<input type="checkbox"/> Slight	<input type="checkbox"/> Strong
Face Colour	<input type="checkbox"/> Flushed	<input type="checkbox"/> Pale	<input type="checkbox"/> Other:
Skin	<input type="checkbox"/> Pale	<input type="checkbox"/> Obvious skin marks / sores	
	<input type="checkbox"/> Excessive perspiration	<input type="checkbox"/> Other:	
Clothing	<input type="checkbox"/> Orderly	<input type="checkbox"/> Soiled	<input type="checkbox"/> Disarranged <input type="checkbox"/> Other:
Attitude	<input type="checkbox"/> Co-operative	<input type="checkbox"/> Talkative	<input type="checkbox"/> Anxious <input type="checkbox"/> Dreamy
	<input type="checkbox"/> Excited	<input type="checkbox"/> Relaxed	<input type="checkbox"/> Indifferent <input type="checkbox"/> Sedated
	<input type="checkbox"/> Hallucinating	<input type="checkbox"/> Hostile	<input type="checkbox"/> Irritable <input type="checkbox"/> Cocky
	<input type="checkbox"/> Antagonistic	<input type="checkbox"/> Depressed	<input checked="" type="checkbox"/> Unable to follow instructions
	<input type="checkbox"/> Other:		
Actions	<input type="checkbox"/> Swearing	<input type="checkbox"/> Hiccups	<input type="checkbox"/> Belching <input type="checkbox"/> Vomiting
	<input type="checkbox"/> Fighting	<input type="checkbox"/> Drooling	<input type="checkbox"/> Restless <input type="checkbox"/> Runny nose
	<input type="checkbox"/> Itching	<input type="checkbox"/> Constant scratching	<input type="checkbox"/> Loss of emotional control <input type="checkbox"/> Other:
Eyes	<input type="checkbox"/> Watery	<input type="checkbox"/> Glazed	<input type="checkbox"/> Bloodshot <input type="checkbox"/> Abnormal Movement
	<input type="checkbox"/> Pupils enlarged	<input type="checkbox"/> Pinpoint	<input type="checkbox"/> Eyelids drooping
	<input type="checkbox"/> Other:		
Breathing	<input type="checkbox"/> Normal	<input type="checkbox"/> Short	<input type="checkbox"/> Jerky <input type="checkbox"/> Rapid
	<input type="checkbox"/> Slow	<input type="checkbox"/> Shallow	<input type="checkbox"/> Slow <input type="checkbox"/> Other:
Speech	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Clear	<input type="checkbox"/> Slurred <input type="checkbox"/> Confused
	<input type="checkbox"/> Fast	<input type="checkbox"/> Slow	<input type="checkbox"/> Other:
Balance	<input type="checkbox"/> Unsteady	<input type="checkbox"/> Swaying	<input type="checkbox"/> Sagging <input type="checkbox"/> Falling
	<input type="checkbox"/> Staggering	<input type="checkbox"/> Other:	
Movements	Manner of walking:		<input type="checkbox"/> Needs support <input type="checkbox"/> Jerky
	Overall performance of actions:		
	<input type="checkbox"/> Clumsy	<input type="checkbox"/> Sluggish	<input type="checkbox"/> Tremor <input type="checkbox"/> Other:
	<input type="checkbox"/> Slightly	<input type="checkbox"/> Moderately	<input type="checkbox"/> Well affected
OPINION (based on observations as to fitness for work – Due to			
<input type="checkbox"/> Liquor	<input type="checkbox"/> Drug	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Fatigue <input type="checkbox"/> Other / Unsure