

Fit for Duty Safety Analysis Form

Student Name:	Clinical Site:	
Date & Time of Observation:	Clinical Faculty:	

Faculty: Please check all identified behaviors and symptoms:

Physical	
Odor of alcohol {__}	{__}
Blood shot eyes {__}	{__}
Inattention to personal hygiene/ uniform {__}	{__}
Unsteady gait {__} Slurred speech {__}	{__}
Physically ill {__} Flu-like symptoms {__}	{__} {__}
Fatigue {__} Confusion { }	{__} {__}

Other {__

er Please specify: