



Airswift

HSE Management System

Fitness for Duty Policy

Important Notice:

1. This procedure is a Controlled Document and shall not be amended without the authority of the Operations Manager – North America.
2. Any queries or feedback concerning the contents of this document should be addressed to the Operations Manager – North America.

Prepared	Reviewed	Approved	Effective Date	Issue Number
Julia Arevalo <hr/> Name <i>Julia Arevalo</i> <hr/> Signature	Sam Cross <hr/> Name <i>Sam Cross</i> <hr/> Signature	Sam Cross <hr/> Name <i>Sam Cross</i> <hr/> Signature	02/02/2017	10

Document Control – Revisions and Amendments

Version Number	Effective Date	Author	Amendments	Reason for Amendments
2	02.02.2017	Julia Arevalo		
3	2/23/2018	Julia Arevalo		Annual review
4	06/19/2019	Carol Stallworth	Build out policy to include Exposure	Annual Review
5	06.30.2020	Carol Stallworth		Annual Review
6	05.07.2021	Carol Stallworth		Annual Review
7	11.30.2022	Kellie Tetley		Annual Review
10	02/09/2023	Kellie Tetley		Annual Review

1.0 PURPOSE AND SCOPE

Airswift is committed to providing a safe, secure and productive work environment for its employees, Clients and customers. This Fitness for Duty Policy (the "Policy") shall be administered in accordance with applicable federal and state laws. In implementing and applying this Policy, Airswift shall comply with applicable requirements of the Americans with Disabilities Act ("ADA") and the Family and Medical Leave Act ("FMLA") unless otherwise permitted by law. Airswift will not discriminate against any qualified employee/applicant on the basis of actual or perceived disability or for exercising rights under the FMLA. Likewise, for any known disabilities, Airswift will engage in the interactive process to determine whether reasonable accommodation is required or available without creating undue hardship on Airswift or a direct threat of safety or harm to the individual or others, as defined by the ADA. To the extent this Policy conflicts with applicable federal or state law, the federal or state law will control. Policy will be communicated to all employees during onboarding, through regular updates, and following any injury or illness advising of the modified return to work if practicable.

Overview of this Policy

All employees and all applicants who have received a conditional job offer must be able to properly, safely and effectively perform all essential functions of the position held or applied for, with or without reasonable accommodation, in a manner that does not present or pose a direct threat of harm to themselves, coworkers, property or the public. Of particular concern are employees or conditional-offer applicants who:

- Operate or will be operating heavy or powered equipment or vehicles as part of his or her job duties, or performs or will be performing other job duties which, if performed in an unfit or unsafe manner, could result in harm to the safety or health of the employee/applicant or others; or
- Hold or are applying for a position that requires travel to, or work in, hazardous, dangerous or remote locations, or who may be required to respond effectively in an operational emergency situation.

Purpose of this Policy

This Policy is designed to:

- Provide guidance to employees and managers regarding one's fitness for duty.
- Promote consistency in Airswift's management of fitness for duty concerns.
- Ensure that everyone who works for Airswift, whether directly for Airswift or on assignment to a Client site or facility, are able to safely perform the essential functions of their job, either with or without reasonable accommodation, that does not result in undue hardship on Airswift, and in a manner that does not present a direct threat of harm to themselves, coworkers, property or the public.
- Reduce the risk of work-related injuries.

Scope of this Policy

This Policy applies to all Airswift employees as well as applicants who have received a conditional offer of employment. This Policy applies to employees regardless of whether they work on Airswift's property or remotely and regardless of whether they perform work directly for Airswift or are assigned to a Client site or facility. *In addition to* the requirements of this Policy, employees assigned to work at a Client site or facility may also be required to submit to medical assessments or fitness for duty evaluations pursuant to the Client's policies and procedures, or as mandated by applicable federal or state laws or regulations—for example, those employees whose job duties subject them to health or safety risks due to occupational or environmental exposure. All employees must be physically capable of performing their job tasks. A Physical Demands Analysis (PDA)/Fit for Duty evaluation shall be prepared for each job duty to ensure workers are placed accordingly.

Scope of this Policy for Expatriates on Assignment to the United States

This Policy also applies to any expatriates who transfer or relocate from another country to work at Airswift in the United States, or are assigned to work at a Client site located in the United States from a country of origin outside the United States, *for the duration of* their transfer, relocation or assignment to or in the United States. To the extent the expatriate is subject to any mandatory medical assessment or required periodic medical testing under another country's laws, rules, regulations, policies, procedures or programs, such mandatory assessments and/or required periodic-medical testing shall be suspended for the duration of the expatriate's transfer, relocation or assignment to or in the United States. Such mandatory medical assessment or required periodic-medical testing shall resume, as applicable, upon the expatriate's transfer, relocation or return back to his or her country of origin.

2.0 DEFINITIONS

As used in this Policy, the following terms shall have the following meanings:

- The term "**Client**" means any Client, customer or vendor of Airswift.
- The term "**conditional-offer applicant**" means any applicant for employment, transfer, rehire or reinstatement who has received a conditional offer of employment from Airswift—the offer being conditioned on the candidate satisfying Airswift's or the Client's eligibility requirements (e.g., authorized to work in the U.S., criminal background check, and drug, alcohol and/or fitness for duty testing).
- The term "**employee**" means any person who works full-time, part-time or on a temporary basis for Airswift and is paid through Airswift's payroll.
- The term "**fit for duty**" or "**fitness for duty**" means having the physical, emotional and mental capacities to safely and effectively perform the essential functions of the job, with or without reasonable accommodation, in a manner that does not present a direct threat of harm to oneself, coworkers, property, or the public at large.
- The term "**Fitness for Duty Evaluation**" means a medical evaluation of an employee's or conditional-offer applicant's physical, emotional or mental capacities, which is performed by an independent, licensed healthcare provider with expertise to determine if the employee or conditional-offer applicant is or is not capable of safely and effectively performing the essential functions of the job, with or without reasonable accommodation, in a manner that does not present a direct threat of harm to that individual, coworkers, property, or the public.

3.0 MANDATORY DISCLOSURE REQUIREMENT FOR EMPLOYEES

Before commencing work, all employees must *immediately* notify the Safety Department, or if unavailable the employee's direct supervisor, of any of the following:

- Unable to Perform Duties: Whether the employee has any medical or non-medical condition (such as lack of adequate sleep, fatigue, effects of alcohol or drug consumption, anxiety, stress, distraction due to personal or family problems, or mental or physical impairment of the employee's fitness for duty, for any reason, etc.), regardless of whether the employee is or is not taking prescription or over-the-counter medications for same, or if the employee believes that s/he is experiencing a physical or mental condition that could impair his/her ability to properly and safely operate the equipment or vehicle or to perform hazardous, dangerous or safety-sensitive duties.
- Safety or Health Threat: If the employee believes that he or she or any other employee may present a significant risk of substantial harm to the safety or health of the employee or others (such as physical or mental impairment that could impair the ability to safely perform one's essential job duties, acts or threats of violence, suicidal thoughts or actions, etc.). If any employee learns that someone else may present a significant risk of substantial harm to the safety or health of that individual or others, the employee should immediately notify the Benefits Department or the Safety Department, or if unavailable the employee's direct supervisor.

Airswift will ensure that no person *enters* or *remains* at the job site whilst under the influence of drugs and/or alcohol.

4.0 FITNESS FOR DUTY TESTING PROCEDURES

Circumstances for Fitness for duty Testing

- Post-Offer, Pre-Placement: After making a conditional offer of employment to an applicant or an employee seeking rehire, reinstatement or transfer to a position with hazardous, dangerous or safety-sensitive job duties, the candidate may be required to undergo a pre-placement Fitness for duty Evaluation prior to the commencement of their employment or transfer. Whether Airswift will require candidates to undergo pre-placement Fitness for duty Evaluations will depend on the type and/or location of the position. To the extent a pre-placement Fitness for duty Evaluation is required for placement in a particular position, all candidates for that position who receive a conditional offer of employment or transfer will be required to undergo a pre-placement Fitness for duty Evaluation.
- Reasonable Belief, Based on Objective Evidence: If a supervisor or a manager observes or receives a report that (1) an employee's conduct creates a reasonable belief that a threat to the health or safety of the employee or others, or to Airswift or the Client's property, exists; (2) there is objective evidence that the employee cannot perform the essential job functions; or (3) the employee does not believe he or she can safely and effectively perform the essential functions of the job—the supervisor or manager should immediately contact the Safety Department.
- Return-to-Work After a Leave of Absence: Employees who have been reinstated or are returning to work following a leave of absence occasioned by the employee's own health or medical condition (including FMLA leave, workers' compensation leave or leave in connection with STD or LTD benefits) must obtain and present a return-to-work certification from the employee's healthcare provider certifying that the employee can safely resume work. If Airswift provides a list of the employee's essential job functions with the FMLA Designation Notice, the employee's healthcare

provider must also certify that the employee can perform all of the essential functions of his or her position. Employees will not be reinstated, permitted to return to work or allowed to participate in any company sponsored activities until the employee furnishes a fitness to work certification from the employee's healthcare provider. If an employee returns to work without providing a completed Fitness for Duty Form they will be required to stop working until they provide a completed Fitness for duty Form.

- Post-Accident: Employees who have been involved in or who contributed to an accident that caused injury or harm to a person or property may be required to submit to a Fitness for Duty Evaluation.

Airswift will ensure that no person *enters* or *remains* at the job site whilst under the influence of drugs and/or alcohol. Drug and alcohol screening will be performed for pre-employment, post-accident, or random as required by Airswift or host facility in line with DOT guidelines.

Unable to Perform Essential Functions of the Position

Airswift will comply with applicable law regarding its personnel's fitness for duty. If a worker is unable to perform the essential functions of the position and there is no reasonable accommodation for restricted or light duty available with the Client that would allow the worker to perform the essential functions of the position, the individual's employment or work relationship may be denied or terminated.

In the event of an injury, lost time incident, or other type of incident, the company incident investigator (Safety Department) will be notified immediately. The Safety Department has the responsibility for the reporting and investigation of any incident. A root-cause analysis and a formal investigation into the incident will be conducted in order to gain valuable information on how to prevent such an accident in the future.

Whenever an individual is injured and ordered by medical professionals to be on modified or light duty, Airswift may, where practicable, work with the Client to determine if there are any accommodations for that employee and place him/her on modified or light duty. Airswift will work with the Client to make sure that the job's physical demands are assessed for modified duty jobs to ensure they can be performed safely by injured employees.

For any work-related injuries, Airswift makes arrangements with clinics who specialize in Occupational Health, and recommends injured employees seek treatment there.

Airswift will ensure, with Client input, that modified work being offered is consistent with the medical restrictions listed by the health care provider on the fit for work letter. Modified work is temporary and will be managed with a goal to return the individual to full time work as soon as deemed medically fit.

The Client and any supervisors will be made aware of the restrictions to ensure the modified work meets the physician's orders.

Injury Management

Airswift recognizes the value of its employees and is committed to preventing injury and illness to its employees by providing a safe and healthy working environment. However, in the event that an employee sustains a work related injury or illness, this company is equally committed to providing an efficient workplace injury management program with the aim of restoring the injured employee to the usefulness of which they are capable, consistent with their pre-injury status.

Principles

Airswift recognizes the following commitments:

1. Prevention of injury or illness through the provision of a safe and healthy working environment is the primary aim.
2. Informing staff and supervisors of their responsibilities under the Workers Compensation Act.
3. Ensuring that the injury management process is commenced as soon as practicable following an injury, irrespective of an injured employee's compensation claims status.
4. Ensuring that fitness to work certification following injury is a normal practice and expectation.
5. The provision of suitable duties as part of an injured employee's return to work plan, is an integral part of the injury management process.
6. Ensuring that participation in an injury management program will not, in itself, prejudice or disadvantage an injured employee.
7. Ensuring that all injury management information is treated confidentially.

Following A Work-Related Injury - The Return To Work Process

If the injury is not significant and requires a period of short or no recovery the employee will return to pre-injury duties as soon as practicable. If the doctor indicates that the nature of the employee's injury precludes him/her from returning to normal pre-injury duties a referral will be made.

If the injury is significant, the commencement of the development of an Injury Management Plan must be started within 3 days of notification by the employee, insurer and nominated treating doctor.

The return to work process will follow the medical professional's recommendations as closely as possible.

Injury management may not be necessary in all cases of work-related injury. However, early assessment of the need for injury management is imperative. Initial injury management contact will be made for all workers compensation claims.

Following A Non Work Related Injury – The Return To Work Process

As part of its commitment to all its employees, Airswift offers its employees with non-work related injuries / illnesses, if possible and approved by the Client, access to a graduated return to work process. The provision of suitable duties is temporary only. Suitable duties and associated return to work plans are made available to assist the return to work process.

5.0 CONFIDENTIALITY OF RECORDS

Airswift maintains written records of incident details. Incident investigation records are maintained. Communications with the injured employee regarding modified work, Workers Compensation and medical records, where applicable will be documented and kept on file confidentially. All medical, health, or fitness for duty records pertaining to an employee or conditional-offer applicant shall be handled consistently with Airswift's procedures for handling individual medical records. Such records shall be stored confidentially in a secure location with access limited only to those with a clear need for the information (*e.g.*, Safety Department), and separate from the individual's general personnel file.

6.0 ROLES AND RESPONSIBILITIES

Employees

- Are responsible for complying with this Policy.
- Shall follow all site specific and Safe Work Practice procedures and policies.
- *Before commencing work*, shall notify the Safety Department, or if unavailable his or her supervisor:
- Employees must be responsible for ensuring they are physically and mentally fit to perform their job functions safely. If an employee is not able to perform their duties safely due to their physical or mental state they are responsible for notifying their supervisor. Employees must take responsibility for their own safety as well as not report to work in a condition as to endanger the safety of their fellow workers.
- when taking prescription or over-the-counter medication that could impair his/her ability to work safely; or
- if not fit for duty or is otherwise unable to safely or properly perform the essential functions of the position; or
- if the individual believes that he or she or any other employee may present a significant risk of substantial harm to the safety or health of the individual, coworkers, property or others.
- Immediately inform a supervisor or manager if they observe another worker who appears to be unfit for duty, regardless of the reason (*i.e.*, regardless of whether the individual may be experiencing a medical or health condition or, or whether the individual may have taken drugs, alcohol or other prohibited substances).
- Anyone who fails to comply with this Policy may be subject to disciplinary action including denial or termination of the work or employment relationship.

Supervisors and Managers

- In addition to the roles and responsibilities set forth in Section 6.1, as applicable, shall implement this Policy within their area of responsibility.
- Shall monitor employee activities and behaviors, and shall take action in accordance with this Policy after an accident or when they have a reasonable suspicion that an individual may not be fit for duty.
- Shall consult and work with the Safety Department when there are concerns about an individual's fitness for duty.
- Shall not inquire into an individual's possible medical or health conditions or request feedback or updates on an individual's medical or health condition.
- Shall immediately refer all communications regarding personal medical or health conditions, disabilities, accommodation or leave requests, and the like, to the Benefits Department.
- Shall immediately refer all communications regarding occupational injuries, medical or health conditions, accommodation or leave requests, and the like, to the Safety Department.
- Unless the circumstances warrant immediate action, shall contact the Safety Department prior to relieving an employee from duty when fitness for duty concerns arise.

Airswift Client Service Managers, Business Development Managers, and Service Consultants

- In addition to the roles and responsibilities set forth in Section 6.1, as applicable, shall implement this Policy within their area of responsibility.
- Shall work with the Client supervisor, manager, or a safety representative to complete a job function analysis for Fitness for duty Evaluation to be utilized by the doctor to complete Fitness for duty Form.
- Shall make available a complete job description

The Safety Department

- Shall provide timely assistance and support to the line manager, supervisor or Client in implementing this Policy, relieving a worker from duty if fitness for duty concerns arise, and similar matters regarding an individual's fitness for duty.
- Shall communicate the expectations of this Policy, or subsequent updates to this Policy, to all employees, supervisors and managers.
- Shall identify all positions requiring a post-offer, pre-placement Fitness for duty Evaluation. For each position identified, shall create a list of the essential functions for that position to facilitate the Fitness for duty Evaluation by the medical provider.
- Shall work with supervisors and managers to identify specific job tasks that may warrant a Fitness for duty Evaluation during the post-offer, pre-placement stage—especially for newly created or restructured positions.
- Shall coordinate and work with the Client, the Benefits Department, and/or the employee about any periodic monitoring required by the Client or federal or state laws, rules or regulations.

- Shall consult and work with the Benefits Department when concerns about an individual's fitness for duty arise.
- Shall not inquire into an individual's possible medical or health conditions or request feedback or updates on an individual's medical or health condition.
- Shall immediately refer all communications regarding medical or health conditions, disabilities, accommodation or leave requests, and the like, to the Benefits Department; and, shall direct the individual to communicate directly with the Benefits Department on such issues moving forward.

Benefits Department

- Shall provide timely advice assistance and support to the line manager, supervisor, Client and/or the Safety Department, in implementing this Policy, relieving a worker from duty if fitness for duty concerns arise, and similar matters regarding an individual's fitness for duty.
- Shall communicate directly with the individual and/or the individual's medical provider regarding his or her fitness for duty, leaves of absence, requests for reasonable accommodations, and returning to work.
- Shall communicate directly with the Client regarding the worker's fitness for duty, leaves of absence, reasonable accommodations and the interactive process, and return to work.
- Shall arrange and manage Fitness for duty Evaluations, as part of the conditional offer or transfer process for all conditional-offer applicants, pursuant to Client requirements, or otherwise if fitness for duty concerns arise.
- Shall provide, obtain and maintain necessary forms and documentation.
- Shall confirm whether, upon learning of a manager's or supervisor's reasonable suspicion that an employee is not fit for duty, the suspicion was based on an individualized assessment of the individual's work while considering the essential functions of the position.
- Shall request additional information from the individual as needed regarding leaves of absence, fitness for duty, reasonable accommodations, drug and alcohol testing, and the like.
- Shall review the results of any Fitness for duty Evaluation and/or any work restrictions provided by the medical provider and determine whether an employee should be permitted to return to work or extensions of a leave of absence, and whether reasonable accommodations are available.
- The Benefits Department may inform supervisors or managers or the Client about restrictions on the work or duties of any worker and any reasonable accommodation being provided to the worker; but should avoid discussing the details of the worker's health or medical condition unless there is a need to know such information (*e.g.*, disclosure to first-aid and safety personnel).

Airswift Fitness for Duty Notice & Instructions

Return to Work Policy: All employees must be referred to the Benefits and Safety Department for a Return to Work Physical Examination Request in each of the following instances:

- A. If the employee is returning to work after an absence of thirty days or more (other than vacation); or
- B. If the employee has suffered an on-duty injury
- C. If the employee has undergone surgery or a medical operation; or
- D. If the employee has been hospitalized for any reason; or
- E. If the employee has suffered an off-duty injury

Form to be completed by a health care provider: An employee on a medical leave for any of the above, needs to present this Fitness for duty form in full completion to their Airswift Service Consultant prior to returning to work.

Instructions for Completion:

- Part 1 to be completed by Employee
- Part 2 – 6 to be completed by Physician

Health Care Professionals: Your patient has three return to work options:

Full Release: The patient has no work restrictions. The patient can return to his/her prior position because you, the health care provider certifies, that he/she can perform the essential functions on the job.

Modified Duty: The patient has some work restrictions. Work restrictions must be specifically notated on the following page. Each modified duty work restriction request will be reviewed carefully to determine if the employee can perform the essential functions and return to work.

Not Released: The patient is not released to work in any capacity due to physical or behavioral limitations.

GINA Instruction: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Confidentiality Notice: All information on this form, including any supporting medical documentation, shall be maintained in separate files and shall be treated as confidential medical records under GINA and the Americans with Disabilities Act of 1990, as amended (ADA). Under the ADA, this information may be disclosed to management personnel who need to be informed of any work restrictions and accommodations, first aid personnel (when appropriate), and government officials investigating compliance with the ADA, FMLA or other applicable law.

Submission: The Fitness for duty Form can be submitted confidentially to:

- Attention to Safety & Benefits Department
- Email: usincidents@airswift.com & benefits@airswift.com
- Secure Fax Number: 832-383-0682; Phone Number: 713-328-4560

Job Function Analysis for Fitness for Duty Evaluation

Job Function Analysis for Fitness for Duty Evaluation		
Note: This form should be completed by the Service Consultant with input from a supervisor, manager or the Client as needed. After this form is completed, it should be provided to the employee who should deliver this form, along with the job description to the medical provider performing the Fitness for Duty Evaluation.		
Candidate Full Legal Name		
Job Title/Position		
Description of Duties (Attach complete job description if available) <input type="checkbox"/> Job Description Attached		
Work Location (including country)		
Essential Functions for the Position		
<input type="checkbox"/> Below Waist Lifting (___ lbs)	<input type="checkbox"/> Above Waist Lifting (___ lbs)	<input type="checkbox"/> One Hand Carrying (___ lbs)
<input type="checkbox"/> Two Hand Carrying (___ lbs)	<input type="checkbox"/> Pushing-Max Force (___ lbs)	<input type="checkbox"/> Pulling-Max Force (___ lbs)
<input type="checkbox"/> Sit, Stand, Kneel, Squat (___ hrs)	<input type="checkbox"/> Reaching (High Level / Low Level)	<input type="checkbox"/> Walking (> ___ ft. / miles)
<input type="checkbox"/> Climbing Ladder (___ Rungs per day)	<input type="checkbox"/> Climbing Stairs (___ Steps per day)	<input type="checkbox"/> Jumping (> ___ ft. ___ Repetitions)
<input type="checkbox"/> Body Twisting/ Static (_____)	<input type="checkbox"/> Throwing (___ lbs, ___ ft.)	<input type="checkbox"/> Lift From Floor & Carry Task (___ lbs. for ___ ft. for ___ Repetitions)
<input type="checkbox"/> Balancing (Ability to maintain bodily equilibrium and stability on level or uneven surfaces)	<input type="checkbox"/> Sense of Smell (Perceiving odors or scents that could indicate harmful environmental exposure)	<input type="checkbox"/> Speaking Clearly (Ability to communicate over substantial background noise)
<input type="checkbox"/> Seeing at a Distance (See objects > ___ ft. away)	<input type="checkbox"/> Seeing - Near (See objects < ___ inches / feet away)	<input type="checkbox"/> Color Vision _____ (Ability to distinguish different colors)
<input type="checkbox"/> Depth Perception (Ability to judge distances and spatial relationships.)	<input type="checkbox"/> Hearing - Speech Range/All (Ability to hear all sounds made by the human voice as well as human hearing)	<input type="checkbox"/> Other
Other Relevant Functions (e.g., critical thinking, meeting deadlines, etc.), Information or Circumstances:		
Form Completed By (Name):		
Title/Position:		
Signature:		

Submission: The Fitness for duty Form can be submitted confidentially to:
Attention to Safety & Benefits Department
Email: usincidents@airswift.com & benefits@airswift.com
Secure Fax Number: 832-383-0682; Phone Number: 713-328-4560

Airswift Fitness for Duty Form

PART I. EMPLOYEE INFORMATION	
Employee Name:	Phone Number:
Last 4 Digits of SSN (to confirm identity): XXX-XX-	Work Location (City, State, Zip Code):
Title / Position:	
Employee Authorization: I HEREBY GIVE MY CONSENT to the healthcare provider listed below permission to disclose my medical information by answering the questions contained in this questionnaire. I authorize disclosure of this information Airswift, and its authorized employees, representatives, and agents.	
Employee Signature:	Date:

PART II. PROVIDER INFORMATION	
Name of Treating Physician:	Specialty of Treating Physician:
Clinic / Facility Name:	Clinic / Facility Address:
Clinic / Facility Phone Number:	Fax Number:

PART III. INFORMATION RELATING TO EMPLOYEE'S HEALTH CONDITION
<p>Date Patient was Last Examined: _____.</p> <p>I have reviewed my patient's job description and I can attest that the patient is:</p> <p><input type="checkbox"/> Fully Released - Able to return to work and perform his/her duties with <u>no restrictions</u> effective _____.</p> <p><input type="checkbox"/> Modified Duty - Able to return to work and perform his/her duties <u>with restrictions</u> listed below effective _____.</p> <p><input type="checkbox"/> Not Released - Is not released for any type of duty. Next evaluation date will be on _____.</p>

Submission: The Fitness for duty Form can be submitted confidentially to:
Attention to Safety & Benefits Department
Email: usincidents@airswift.com & benefits@airswift.com
Secure Fax Number: 832-383-0682; Phone Number: 713-328-4560

PART IV. RESTRICTIONS / ACCOMODATIONS		
List Restrictions Below	Start Date	Next Evaluation Date
Ex: Patient cannot work more than 4 hours per day and/or on a particular shift for two weeks	1/1/1999	1/15/1999
1.		
2.		
3.		
4.		

PART V. ADDITIONAL INFORMATION

Is the patient taking any prescription medications that impair his/her abilities to perform his/her work or any other independent tasks (like driving) safely?

No
 Yes

If yes, please explain:

Any additional comments or concerns that should be addressed:

PART VI. PHYSICIAN SIGNATURE

Physician Authorization: I HEREBY CERTIFY that the information on this form is true and correct.

Physician Signature:	Date:

Submission: The Fitness for duty Form can be submitted confidentially to:
Attention to Safety & Benefits Department
Email: usincidents@airswift.com & benefits@airswift.com
Secure Fax Number: 832-383-0682; Phone Number: 713-328-4560