

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: