

MAGNUM CONSTRUCTION SERVICES INC.

FIT-FOR-DUTY REPORT (CONFIDENTIAL MEDICAL DOCUMENT)

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1. EMPLOYEE INFORMATION

Employee ID: _____ Name: _____

Role/Trade: _____ Project: _____

Supervisor: _____ Evaluation Date: ____/____/____

2. REASON FOR EVALUATION

☐ Pre-Placement ☐ Periodic (Annual) ☐ Return-to-Work ☐ Post-Incident

Describe trigger (if applicable): _____

3. ESSENTIAL JOB DEMANDS (CHECK APPLICABLE)

Concrete/Masonry/LGS Shell Tasks:

☐ Rebar tying ☐ Formwork ☐ Scaffold work ☐ Elevated work (>6 ft)

☐ Lifting 50–75 lb intermittently ☐ Repetitive kneeling/crouching

☐ Vibrating tools (saws, compactors) ☐ Prolonged heat exposure

☐ Respirator use (N95/Half/Full/PAPR) ☐ Driving/Heavy Equipment

Other: _____

4. MEDICAL ASSESSMENT (TO BE COMPLETED BY PROVIDER)

Vitals/Observations (optional): _____

Relevant findings: _____

Audiometry/Vision (if applicable): _____

Respirator Medical Clearance questionnaire reviewed: ☐ Yes ☐ No

Drug/Alcohol test (if applicable): ☐ Neg ☐ Pos (attach lab result)

5. DECISION

☐ FIT

☐ FIT WITH RESTRICTIONS: _____

Duration: _____ days Re-eval Date: ____/____/____

☐ NOT FIT

Provider Name/License: _____ Signature: _____ Date: ____/____/____

6. WORK RESTRICTIONS & ACCOMMODATIONS (IF ANY)

Restriction details (e.g., no ladder work, lift $\leq$ 25 lb, seated duty): _____

Proposed accommodations (reassignments, tools, team lift): _____

7. COMMUNICATION & PRIVACY

This form contains confidential medical information intended solely for HR and the HSE Medical Program Owner.

Maintain storage in a secure location. Provide supervisor with decision and restrictions only; do not disclose diagnosis.