

**East Tennessee State University**

**Fitness for Duty Assistance**

**Observed Behavior Summary**

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**This Observed Behavior Summary is intended to be confidential.  
Any unauthorized use of dissemination of this information in whole or in part is strictly prohibited.**

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This checklist should be used to document behavior that:

- Is out-of-the-ordinary
- May observably impair an employee’s ability to perform the essential functions of employment
- May indicate that an employee needs assistance, support, or some form of intervention in order to address the health and safety of that employee or of fellow employees and students.

This form is properly used when an individual reasonably believes that an employee may be experiencing:

- 1) a physical or psychological decline over time,
- 2) an observable shift in cognitive function, emotional stability, or social interaction, which might be attributed to recent physical trauma, emotional trauma, or disease, or
- 3) the ill effects of medication, withdrawal, improper use of drugs, prescribed or otherwise, or alcohol.

When using this form, the number of observations of behavior may vary from one to several. Use a separate form for each observation. An individual using this document should use reasonable care and good judgement as to how many times a behavior or behaviors are documented.

**Please note:** In all circumstances, if one reasonably believes that an employee presents a clear and present danger to self or to co-workers, that person should immediately contact Public Safety, the Office of Human Resources, and the employee’s immediate supervisor.

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Observed Employee’s name:

Date of observation:

Time of observation:

Location of observation:

Duration of observation:

**Note and describe any or all behaviors which you reasonably believe may apply:**

1. Memory loss which disrupts the essential functions of the employee’s job.
  
2. Challenges in planning or problem-solving which disrupt the essential functions of the employee’s job.
  
3. Difficulty in completing familiar tasks at work that are an essential and expected component of employment.

4. Confusion (either consistent or sudden) about time, place, or essential employment functions, or circumstances.
5. Problems with visual images and spatial relationships, not accounted for by a previous diagnosis, or not accommodated by the Americans with Disabilities Act.
6. Difficulties (either consistent or sudden) with speaking or writing that cannot be accounted for by previously diagnosed conditions, or as side-effects of legitimate use of prescribed medications, or not accommodated by the Americans with Disabilities Act.
7. Difficulties (either consistent or sudden) in retrieving objects or retracing steps that cannot be accounted for by previously diagnosed conditions or as side-effects of legitimate use of prescribed medications.
8. Decreased or poor judgement in required employment activities including, but not limited to inconsistent decision making, inappropriate interaction with fellow employees in either speech or physical contact, and so forth.
9. Unusual (sudden or recent) withdrawal from required employment activities.
10. Unusual (sudden or recent) changes in mood and personality that a reasonable observer may understand as confusion, suspicion, depression, anxiety, or excessive or unwarranted fear/paranoia.

11. Lethargy; confusion; moodiness; easily upset; behavior that can be reasonably understood by an observer to indicate sadness, feelings of lack of self-worth, confusion, anxiety, or related issues, that have a negative effect on job performance and on fellow employees, that cannot be accounted for by previously diagnosed conditions or as side-effects of legitimate use of prescribed medications.
  
12. Uncharacteristic outbursts of anger, aggression, defensiveness, risk-taking, etc. that have a negative effect on job performance and on fellow employees that cannot be accounted for by previously diagnosed conditions or as side-effects of legitimate use of prescribed medications.
  
13. Appears to be responding to things which are not there (ex. hearing voices), exhibiting bizarre and unusual beliefs, disorganized thinking and speech, exhibiting disorganized or abnormal motor behavior for that person.
  
14. Other:

**Please use the following in conjunction with the previous narrative descriptions to identify specific observed behaviors or appearance.**

1. Are alcohol, drugs, and/or drug paraphernalia present? Yes No (circle one)

a. If "yes," specify:

2. Did employee admit to the use of drugs or alcohol? Yes No (circle one)

a. If "yes," specify:

3. Appearance and Personal Hygiene (circle all that apply):

inconsistent with usual appearance/hygiene	drowsy/sleepy	flushed
dilated/constricted pupils	bloodshot eyes	messy
profuse sweating	puncture marks	runny nose
tremors/shaking	odor of alcohol	sores
unusual wearing of sunglasses	odor of marijuana	

Explain:

4. Behavior/speech that affect an employee's ability to perform the essential functions of employment (circle all that apply):

inconsistent with usual behavior/speech		incoherent
changed volume of speech	confused	slurred speech
unable to concentrate	silent	slowed speech
aggressive behaviors	weepy	listless
unreasonably defiant	inability to write coherently	
Other (specify):		

Explain:

5. Behaviors that affect an employee's ability to perform the essential functions of employment (circle all that apply):

confused	excessively excited	paranoid
disoriented	enervated/fatigued	uncoordinated
experiencing mood swings	takes frequent breaks from tasks	agitated
nervous	withdrawn	fixated
detached	cognitively slow	
other (specify):		

Explain:

6. Changes in motor skills that affect an employee's ability to perform the essential functions of employment (circle all that apply):

swaying  
stumbling  
collapsed  
other (specify):

falling  
reaching for support  
unable to stand

staggering  
unable to maintain balance

Explain:

7. Other observed actions or behaviors that affect an employee's ability to perform the essential functions of employment (specify):

Check all that apply:

1. Contacted Public Safety. ( )
2. Contacted Human Resources. ( )
3. Discussed the matter with your immediate supervisor. ( )
4. If the supervisor of the employee, relieved employee from duties and/or removed from campus. ( )
5. Implemented safe transportation plan, if necessary. ( )
6. Informed employee of process for returning to work. ( )

Completed by: \_\_\_\_\_  
(print name) (signature)

\_\_\_\_\_  
(title) (date)

Witnessed by: \_\_\_\_\_  
(if applicable) (print name) (signature)

\_\_\_\_\_  
(title) (date)

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For HR use only. Received and Reviewed by:

Name: \_\_\_\_\_

Date: \_\_\_\_\_