

## Fit for Duty Safety Analysis Form

|  |                          |  |
|--|--------------------------|--|
| <b>Student Name:</b>                   | <b>Clinical Site:</b>    |  |
| <b>Date &amp; Time of Observation:</b> | <b>Clinical Faculty:</b> |  |

**Faculty: Please check all identified behaviors and symptoms:**

| Physical                                      | Psychological/social                      |
|---|---|
| Odor of alcohol {__}                          | Student screen for harm to self {__}      |
| Blood shot eyes {__}                          | Falling asleep during clinical hours {__} |
| Inattention to personal hygiene/ uniform {__} | Change in mood and/or speech {__}         |
| Unsteady gait {__} Slurred speech {__}        | Excessive anxiety/ depression {__}        |
| Physically ill {__} Flu-like symptoms {__}    | Excessive crying {__} Labile mood {__}    |
| Fatigue {__} Confusion { }                    | Anger {__} Disruptive {__}                |
| Other {__} Please specify:                    | Other {__} Please specify:                |

**Student Initial all that apply:**

|       |  |
|-------|--|
| _____ | I acknowledge that due to my condition and /or behavior, I may pose a safety risk to my patients and/or myself. My dismissal from clinical will result in the application of the OSN absence policy  |
| _____ | I acknowledge that I have been directed to report to South Reno Concentra to submit for a Fitness for Duty evaluation that includes a blood and/or urinalysis screening. The expense is my sole responsibility   |
| _____ | I acknowledge that I have a right to refuse to submit for drug/alcohol testing and that refusal will result in dismissal from the nursing program.   |
| _____ | I acknowledge that failure to submit to testing of drugs and alcohol within 1 hour of dismissal from clinical will result in removal from the nursing program. If Concentra is closed, I must go to an Urgent Care or Emergency Department or other screening facility.        |
| _____ | I acknowledge that I may not drive myself to Concentra, or my healthcare provider's office, due to an identified potential safety risk and that it is my own responsibility to provide transportation to and from Concentra or the healthcare facility, whichever is directed. |

**Disposition of student: (To be completed by faculty)**

|       |  |       |   |
|-------|--|-------|---|
| _____ | Immediate referral to South Reno Concentra<br>6410 South Virginia St., Reno, NV 89511<br>Phone: 775-322-5757<br>Hours: Monday – Friday 8am-6pm<br>Saturday – 8am-2pm | _____ | Student notified and refused to sign form |
| _____ | Immediate referral to other screening agency or healthcare provider  | _____ | Other:                                    |

\_\_\_\_\_  
Nursing Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Faculty

\_\_\_\_\_  
Date