

The University of Texas Medical Branch at Galveston
Qualifications for Duty Report
Initial Impairment Observation Form

Date/Time _____

Employee's Name _____ Location _____

Employee Number _____ Supervisor/Phone _____

Please mark the following using a scale of 1-10. 1 being minimal and 10 being excessive.

ABILITY TO WALK

___ Unable to Walk ___ Staggering ___ Swaying

___ Falling ___ Using object for stability ___ Stationary

ABILITY TO STAND

___ Rigid ___ Unable to stand ___ Swaying

___ Falling

SPEECH

___ Slurred ___ Incoherent ___ Shouting

___ Slobbering ___ Hoarse ___ Slow

DEMEANOR

___ Irritable ___ Calm ___ Excited

___ Indifferent ___ Cooperative ___ Hilarious

ACTIONS

___ Resisting ___ Threatening ___ Punching

___ Profanity

EYES

___ Bloodshot ___ Watery ___ Glassy Eyes

BREATH

___ Alcohol Odor ___ None

Two supervisors are required to complete separate reports. Please send the originals to Human Resources and a copy of both reports to the Director of the EAP. If additional comments are needed, please use the back of this form.

Supervisor

