

**REQUEST FOR / CERTIFICATE OF FITNESS FOR DUTY**

**就業判定請求/証明書**

**PART I (TO BE COMPLETED BY USING ACTIVITY AND PERSONNEL OFFICE)**

**第一部(使用部隊及び人事課記入欄)**

THRU: (PERSONNEL OFFICE) 経由(人事課)

TO: (EXAMINING PHYSICIAN) 宛(担当医師)

Request the following employee be given the necessary medical examination to determine whether a mental or physical condition exists which would prevent the employee from accomplishing the duties listed below, under the conditions specified, and without constituting a hazard to himself/herself or others; and the result of your examination be entered on the reverse side of this form.

下記の条件で当従業員が次の職務を遂行するのに障害となるような身体的又は精神的な症状がないか、又従業員自身あるいは他の者に危険を及ぼすような事がないか判定し、その結果を裏面に記入して下さい。

1. NAME 氏名

4. DUTIES 職務

2. ORGANIZATIONAL UNIT 部隊名

3. JOB TITLE, BASIC WAGE TABLE, AND GRADE 職名、基本給表及び等級

5. ENVIRONMENTAL CONDITIONS OF WORKPLACE 職場の環境

6. PHYSICAL DEMANDS OF POSITION 職務に求められる身体的要件

7. MENTAL DEMANDS OF POSITION 職務に求められる精神的要件

REQUESTED BY: 依頼者

APPROVED BY: COR/IHAR 人事課

NAME, TITLE AND ACTIVITY 氏名、職名及び部隊名

DATE 日付

NAME AND TITLE 氏名・職名

DATE 日付

**PART II (TO BE COMPLETED BY EXAMINING PHYSICIAN AND RETURNED TO PERSONNEL OFFICE)**

第二部(担当医師記入後、人事課に送付)

**I certify that I have, this date, examined subject employee, and found him/her to be physically and mentally (capable) (incapable) of performing the duties described, under the conditions described, in Part I of this form.**

当従業員を診断した結果、本書式第一部に書かれている職務を所定の条件で遂行することが身体的及び精神的に(可能)(不可能)であることを証明する。

PRINTED NAME 活字体による名前

DATE 日付

SIGNATURE 署名

NAME OF HOSPITAL 病院名

REMARKS: (TO BE ADDED BY EXAMINING PHYSICIAN IF EMPLOYEE IS FOUND TO BE INCAPABLE OF PERFORMING ASSIGNED DUTY)

備考:(職務遂行不可能な場合の担当医師記入欄)

a. DESCRIPTION OF EMPLOYEE'S PHYSICAL OR MENTAL CONDITION AND POSSIBLE IMPACT UPON EMPLOYEE'S ABILITY TO PERFORM ASSIGNED DUTIES. 従業員の身体的又は精神的症状及び職務遂行に支障となる症状の可能性について記述。

b. MAY THE EMPLOYEE BE EXPECTED TO RECOVER SUFFICIENTLY TO PERFORM ASSIGNED DUTIES? IF SO, ESTIMATED TIME FOR RECOVERY.

従業員は職務を遂行できるほどに回復する見込みがありますか。もしそうなら回復予定日を記入して下さい。