

Suspected On-Duty Impairment Medical Examination Request

(This request must be completed by the employee's supervisor or manager)
The authorization for the exam is 5 CFR, Subpart A 792.101 or Subpart A 339.301

Supervisor Statement

I am the immediate supervisor or manager of _____.
(Name of person to be examined)

This employee was found on _____ to be unable to perform his/her
(Date)
assigned duties in a satisfactory manner. I have reason to suspect that the employee
may be unable to perform his/her assigned duty because of suspected impairment.

I therefore request that this employee be medically examined IAW requirements set
forth in 5 CFR, Subpart A 339.301 and Subpart A 792.101 as prescribed by Army
Regulation 600-85 and Fort Hood Regulation 690-23.

Supervisor's Signature and Date

Supervisor's typed or printed name

Unit/Section/Branch/Activity

Telephone number

