

# **Fitness for Duty**

**and Return to Work: A Conceptual and  
Clinical Framework for Occupational Health  
Practitioners**

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# Fitness for Duty and Return to Work: A Conceptual and Clinical Framework for Occupational Health Practitioners

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## Abstract

Fitness-for-duty and return-to-work assessments represent core competencies within occupational medicine, requiring practitioners to integrate detailed knowledge of both job-specific demands and individual worker health status. This scholarly review examines the clinical, legal, and ethical dimensions of these evaluations, with particular emphasis on the Americans with Disabilities Act (ADA) and its international analogues. The author argues that fitness determinations must be understood as dynamic, context-dependent judgments rather than static medical certifications, necessitating ongoing reassessment as job roles or health conditions evolve. Key considerations include the three foundational criteria for evaluation—worker capacity, workplace risk, and reasonable accommodation feasibility—as well as the hierarchical categorization of outcomes (fit, fit with restrictions, or unfit). Special attention is given to emerging challenges, including mental health disabilities, post-viral functional impairments such as long COVID, and the persistent evidentiary gaps in validation of assessment tools. The review concludes that while fitness-for-duty evaluations are indispensable for workplace safety and legal compliance, they must be conducted with rigorous adherence to anti-discrimination principles, individualized assessment, and interdisciplinary collaboration to achieve optimal outcomes for both employees and employers.

## Keywords

Fitness for duty; return to work; occupational medicine; Americans with Disabilities Act; reasonable accommodation; functional capacity evaluation; workplace safety; disability discrimination; mental health at work; pre-employment examination

## Key Points

**Dynamic Static Construct:** Fitness for work is not a one-time certification but a fluid determination that must be revisited whenever job demands change, health status evolves, or workplace conditions are substantially modified. Static assessments risk either prematurely excluding capable workers or permitting unsafe returns to duty.

## The Tripartite Evaluative Framework:

Occupational health providers must systematically assess three interdependent domains—the worker's intrinsic functional capacity, the objective risks present in the workplace environment, and the feasibility of reasonable accommodations that could bridge any gap between capacity and demands. No single domain suffices in isolation.

### **Legal Guardrails and Clinical Autonomy:**

The ADA (and its international equivalents such as the European Accessibility Act) prohibits pre-offer disability-related inquiries while permitting post-offer, job-specific fitness examinations. Clinicians must navigate this boundary carefully, ensuring that their determinations are evidence-based, individualized, and focused on essential job functions rather than diagnostic labels.

### **The Primacy of Functional Assessment over**

**Diagnosis:** Research consistently demonstrates that fitness-for-work determinations based on specific, validated functional capacity evaluations predict occupational outcomes more accurately than those based on medical history or diagnostic categories alone. Task simulation and occupation-specific testing are superior to generic physical examinations.

### **Emerging Challenges and Evidentiary Gaps:**

Mental health conditions, post-viral syndromes (including long COVID), and evolving state laws regarding substance use (particularly marijuana) present novel complexities for fitness assessment. Compounding these challenges is a persistent scarcity of high-quality, experimental research validating assessment tools across diverse occupational settings.

## **Definition and Introduction**

Fitness for duty and return to work represent specialized evaluative frameworks within occupational medicine, designed to systematically assess whether an individual possesses the requisite physical, cognitive, and psychological capacity to perform their occupational duties without incurring undue risk to themselves, their coworkers, or the broader public.[1] These assessments are fundamentally dyadic in nature, requiring the practitioner to integrate two core variables: the precise demands and hazards inherent in the specific job role, and the comprehensive health status—including both overt and latent conditions—of the worker in question. The Americans with Disabilities Act (ADA), enacted in the United States in 1992, established a landmark civil rights framework prohibiting employment discrimination against qualified individuals with disabilities. Critically, the ADA placed safety considerations at its conceptual forefront, mandating that risk management and functional capacity evaluation serve as the primary arbiters of employment eligibility and continued job performance.

Fitness for work must be understood as a dynamic rather than static construct, given that both the nature of work and the worker's health condition are subject to continuous change over time. Assessments are typically required at three pivotal junctures: first, at the initiation of an employment relationship, where baseline capacity is established; second, following the emergence of a new health problem or the exacerbation of an existing condition that may compromise occupational performance; and third, periodically during job transfers or role changes within the same organization, particularly for positions characterized by hazardous exposures, physically demanding tasks, or safety-sensitive responsibilities. This temporal sensitivity distinguishes fitness evaluations from static medical certifications, emphasizing the need for ongoing reassessment as job demands or health trajectories evolve.

Within the United States regulatory landscape, the ADA constitutes the primary legal framework governing fitness-for-work assessments. However, the interpretive and enforcement environment is significantly shaped by multiple ancillary regulatory bodies, including the Occupational Safety and Health Administration (OSHA), the United States Department of Labor, and various state-level

regulatory commissions. These entities often issue supplementary guidance intended to clarify ambiguous or context-dependent requirements for performing specific job duties, particularly in industries such as construction, manufacturing, and transportation where hazard profiles are especially pronounced.[2][3] The resulting patchwork of federal and state regulations creates both opportunities for nuanced, job-specific assessment and challenges for consistent application across jurisdictions.

In the European Union, the European Accessibility Act functions as the functional analogue to the ADA, establishing binding accessibility requirements and anti-discrimination protections for persons with disabilities across member states. Other global regions have enacted analogous legislative instruments addressing similar employment and accessibility issues (see Table 1. Examples of Governmental Requirements Enacted in Various Nations), though substantial variation exists in enforcement mechanisms, definitional scope, and the extent of reasonable accommodation mandates.

Fitness-for-duty evaluations are most commonly conducted at the commencement of a new employment relationship and whenever

substantive changes occur in either work conditions or health status. Certain occupations mandate fitness-for-duty examinations as a statutory condition of employment, with regulatory bodies such as the Federal Aviation Administration (FAA) and the Federal Motor Carrier Safety Administration (FMCSA) requiring periodic medical examinations for specialized occupational roles including commercial truck drivers, airline pilots, asbestos abatement workers, and chemical plant operators. This review systematically examines the clinical and occupational importance of fitness-for-duty evaluations, delineates the procedural steps involved in their conduct, and outlines evidence-based strategies for facilitating a smooth return to work following an employee's absence attributable to health conditions such as occupational injury or systemic illness.

### **Issues of Concern**

Fitness-for-duty evaluations are typically performed by licensed medical providers—most commonly physicians, nurse practitioners, or physician assistants with specialized training in occupational medicine—as a condition of employment or continued job tenure. The broader discipline of occupational health endeavors to promote the highest attainable

degree of worker well-being through the integrated application of physical, mental, and social disciplines across all occupational categories. The dual aims of this field are, first, to prevent any decline in employee health attributable to current working conditions and, second, to protect workers from adverse health factors inherent in their occupational environments. This preventive orientation seeks to align each employee with a work environment that is appropriately adapted to their individual functional capabilities and limitations.[4]

A central function of the occupational healthcare provider is to issue a formal certification regarding the worker's fitness status, which may be categorized as fit for duty without restrictions, fit for duty with specified accommodations or modifications, or unfit for duty. This determination derives from an evidence-based assessment of whether the worker can independently perform the required duties or whether reasonable accommodations are necessary to enable safe and effective performance. A stepwise, hierarchical approach to this determination has been validated in the occupational medicine literature (see Table 2. Stepwise Return-to-Work Framework), facilitating systematic consideration of job

demands, worker capacities, and environmental risk factors.

Mental health conditions represent an increasingly recognized category of causes of occupational disability, often manifesting as functional impairments equivalent in severity to physical disabilities. In the current context of healthcare provider shortages—particularly in mental health specialties—a significant gap frequently exists between the clinical understanding of psychiatric illnesses and the practical evaluation of patients’ readiness to return to work following mental health-related absences. Both employees and employers derive substantial benefit when workers return to their jobs as expeditiously as possible following either a work-related injury or a prolonged absence due to a health condition that impairs occupational function—examples include cerebrovascular accidents (strokes) with residual neurological deficits, or peripheral neuropathies secondary to degenerative disc disease. While employers bear primary legal responsibility for return-to-work decisions, these determinations frequently depend upon interpretation of fitness test results or more comprehensive functional assessments designed to ensure the worker’s medical and physical capacity for job task performance.

Consequently, many employers appropriately defer to the clinical judgment of medical providers in making these consequential determinations.[5]

Occupational health providers should evaluate a worker’s fitness for work according to three principal criteria: the worker’s intrinsic functional capacity; the level of risk present in the workplace environment; and the necessity and feasibility of making reasonable accommodations based on the worker’s disability status, thereby enabling work performance with minimal risk to both the individual and the employer. A diverse array of specific and cost-effective assessment techniques exists for return-to-work evaluations, yet no single technique has demonstrated universal applicability or definitive predictive accuracy across all occupational contexts.

Outcomes derived from fitness-for-work assessments may be categorized along a continuum: fit for duty subject to specified work modifications; fit for duty with defined restrictions (e.g., lifting limits, duration limitations, or environmental exclusions); or unfit for duty. Under the first two conditions, the employer is obligated to consider workplace changes or accommodations that would enable

the worker to perform their job safely. Considerable confusion persists in the scientific literature regarding the optimal decision-making process for judging fitness, and no standardized methodology has been validated to fit all jobs and work conditions.[6] Emerging disease processes encountered in recent years, notably COVID-19 and post-acute sequelae of SARS-CoV-2 infection (PASC or “long COVID”), may severely and persistently affect individuals’ functional capacity across multiple organ systems.[7] A meticulous, individualized understanding of the patient’s functional capacity—using a variety of validated tests—is often necessary to arrive at reasonable and safe circumstances for return to work, with accommodations implemented whenever clinically and operationally feasible.

In the United States, a fitness evaluation may be conducted only after an official, conditional offer of employment has been extended to the candidate. The ADA explicitly prohibits disability-related testing or inquiries of qualified individuals with disabilities prior to the employment offer stage. Employers may request inquiries into a prospective employee’s ability to perform job-related functions or may administer agility tests that do not constitute medical examinations or monitoring; however,

it is strictly prohibited to require a fitness-for-work examination of a prospective employee during this early, pre-offer stage. When employers refer a candidate for a pre-employment fitness examination following a conditional offer, the employer must provide the specifics of the job description and essential duties to the examining clinician, ensuring that the assessment is appropriately targeted to the actual demands of the position.

### **Clinical Significance**

Occupational health providers must systematically consider the primary factors central to fitness-for-work assessment: safety risks and health risks, which are conceptually distinct but empirically interrelated. Health and safety risk can be formally defined as the probability of an adverse health effect occurring in the worker as a consequence of occupational exposures or job demands. The primary focus of the fitness-for-duty evaluation is to determine whether the employee can perform the required job duties safely—that is, without creating a direct threat of substantial harm to themselves or others. The ADA stipulates that the priority is to ascertain whether the level of risk involved is acceptable for a fit worker to perform their job.[8] For a risk to justify exclusion or restriction, it must meet specific

criteria: it must be significant in magnitude, likely to occur rather than merely speculative, imminent in temporal proximity, and severe in potential consequences. Furthermore, the risk determination must be supported by scientific evidence and based on an individualized assessment rather than generalized assumptions about a diagnosis or condition.[9]

Research has consistently concluded that there is poor evidence regarding the ability of medical preplacement evaluations to prevent future occupational risks. Fitness decisions are frequently based on prior clinical evidence—often incomplete or outdated—and on healthcare assumptions about underlying illnesses and inherent work-related dangers. This evidentiary gap can lead to the unnecessary exclusion of otherwise qualified candidates, potentially violating anti-discrimination statutes while also depriving organizations of capable workers.[10] For example, assessing physical capacity for highly demanding and risky occupations, such as firefighting and military service, requires evaluating both medical status and physical performance based on essential job functions rather than on global assumptions about disability or chronic illness.[11]

The recommendation to include specific, detailed criteria in job descriptions and to explicitly exclude nonessential job functions from consideration aims to ensure fairness and legal compliance in the hiring and employment process. Psychological and mental capacity should be assessed in specific situations: when there is a documented history of psychiatric illness; following an extended leave of absence due to a psychiatric condition; or when there are observable signs of reduced performance, increased absenteeism, or unexplained behavioral changes. This assessment is particularly important for applicants and incumbents in jobs characterized by high psychological demands, including law enforcement officers, astronauts, airline pilots, offshore oil rig workers, and construction crew members working at height or with heavy machinery.[12]

A multiplicity of assessment tools exists for fitness-of-duty and return-to-work determinations, and this proliferation may itself create confusion for practitioners regarding which instruments are most appropriate for a given context. At a minimum, clinicians should perform a clinical interview focused on occupational history and symptom review, a focused physical examination targeting job-

relevant functional systems, laboratory testing including drug and alcohol screens where legally permissible and job-relevant, and a set of standardized questionnaires such as the Work Ability Index, which has demonstrated validity across diverse occupational settings.[13][14][15][16] The overall assessment should be tailored iteratively to the functional requirements of the specific job, the risks present in the workplace, and the individual worker's functional capacity. Functional capacity refers to the worker's ability to perform their job without any accommodations and can be assessed through a job analysis based on quantifying the physical demands—including strength, endurance, flexibility, and coordination—required for essential tasks.[17]

The clinician's awareness of the requirements of a particular job represents another crucial aspect of valid fitness-for-work assessment. For example, when evaluating a firefighter who seeks to return to work after diagnosis and treatment of cardiac disease, a standardized cardiac stress test and general health questionnaire may be entirely insufficient to determine safe return to duty. Firefighting requires intermittent maximal exertion, heat stress tolerance, heavy equipment carriage, and

rapid decision-making under hazardous conditions. An occupational-specific functional capacity assessment—such as simulated fireground tasks including hose dragging, ladder climbing, and victim rescue—gives both clinicians and patients a far more accurate picture of the patient's actual capabilities to return to work safely.[18]

The ADA governs protection against disability-based discrimination in the United States, and individual worker confidentiality has significantly improved over the decades since the Act's passage. Historically, employers had direct, unfettered access to candidates' complete medical histories, leading to widespread discrimination against individuals with disabilities or chronic illnesses. Under current law, employers are entitled only to the outcomes of fitness assessments—specifically, whether the individual is fit for duty, fit with restrictions, or unfit—without disclosure of specific medical diagnoses or detailed clinical data. Furthermore, the details that are shared must be strictly limited to aspects directly related to the work to be performed, with extraneous medical information redacted.[19][20] Individual employees who disagree with a fitness determination retain the right to appeal through specialized committees

or administrative tribunals, including filing charges with organizations such as the Equal Employment Opportunity Commission (EEOC), which has enforcement authority over ADA compliance.[21][22]

Fitness-for-work assessments have consequential impacts on prevailing job opportunities for individuals with disabilities or chronic health conditions. The decision-making process should therefore be based on a case-by-case, individualized approach consistent with the clinical judgment of the evaluating practitioner. Standardized criteria for specific disease groups should be applied whenever such criteria exist and have been validated, and a focused functional capacity examination should be performed where applicable to the job demands under consideration.

Evaluations are often completed over multiple sittings rather than in a single encounter, as additional evaluations and specialist referrals may be necessary to achieve a complete understanding of the worker's capabilities. The evaluator may request special medical tests—including radiographs, advanced imaging studies (CT, MRI), or pulmonary function studies—as deemed appropriate for the prescribed job and the specific health conditions identified. In some cases,

consultation with additional medical specialists (e.g., cardiologists, neurologists, psychiatrists) and with the employee's personal healthcare practitioner may be necessary to reconcile differing clinical perspectives. Additionally, a safety assessment by an industrial hygiene officer or safety officer within the employer's organization is often required to evaluate whether workplace modifications or personal protective equipment can mitigate identified risks.

Key features of the process of fitness-for-duty evaluations include but are not limited to the following components:

**Medical assessment:** This constitutes a comprehensive examination conducted by a qualified healthcare professional—physician, nurse practitioner, or physician assistant—to evaluate the employee's physical health and any medical conditions that may affect their ability to perform essential job functions.

**Psychological evaluation:** Mental health is equally vital in determining fitness for duty, particularly in safety-sensitive or high-stress occupations. Psychologists or psychiatrists may conduct assessments to evaluate cognitive function (attention, memory, executive function), emotional stability (mood, anxiety,

stress tolerance), and readiness to return to work following psychiatric absence.

**Functional capacity evaluation:** This assessment systematically evaluates an individual's physical abilities—including strength, flexibility, endurance, balance, and coordination—to determine their capacity to perform specific job tasks safely. Functional capacity evaluations typically involve standardized tests of lifting, carrying, pushing, pulling, reaching, and sustained positioning.

**Job analysis:** Employers may provide the practitioner with a detailed description of job demands, including physical, cognitive, and psychosocial requirements, to ensure that the employee's capabilities align with the essential functions of their position. This analysis helps identify any necessary accommodations or job modifications that would enable safe performance.

**Communication and collaboration:** Clear, documented communication between the employee, healthcare professional, and employer is essential throughout the evaluation process. Collaboration—including sharing of non-confidential information regarding functional restrictions and accommodations—ensures that all parties understand expectations

and work together to facilitate a successful return to work. Medical and physical standards are occasionally used based on known safety risks and essential functions and can be validated for each role. For specific occupations, especially military personnel, construction workers, and firefighters, establishing absolute physical capacity standards—independent of age, sex, ethnicity, and disability status—can be justified on safety grounds where such standards are bona fide occupational qualifications.[6][23]

The functional capacity assessment represents a critical test for assessing a worker's ability to perform the job. This assessment includes an evaluation of the physical strength required to perform essential job tasks, as well as the mental and social capacities needed for safe and effective performance, taking into account workplace safety hazards and available options for workplace accommodation. An example of this assessment could involve performing a task simulation—such as repeatedly lifting a weighted box to a specified height—or using validated tests such as the Isokinetic Lifting Test or the Progressive Isoinertial Lifting Evaluation. A more comprehensive, multi-stage approach involves first analyzing work conditions and required health standards for the

job, then aligning this information with medical findings from the clinical evaluation, and finally conducting a joint, interdisciplinary assessment of all relevant factors.[24][25]

Occupational healthcare practitioners should always strive to balance the risks posed to the patient in performing the job against the duty of employers to offer a safe environment for all workers. These healthcare providers require not only medical diagnostic tools but also in-depth knowledge of the tasks necessary to perform the job diligently and to assess fitness for work accurately. With this integrated information, practitioners can determine several potential categorical outcomes: fit without restrictions; fit with specified conditions or restrictions (which may be temporary or permanent); and not fit for duty. The not-fit option should always be considered an exception rather than a default, and sustained effort should be made to allow for employee or employer options that incorporate reasonable accommodations. Standardized criteria should be applied when they exist, and where criteria are lacking, evidence-informed clinical judgment must suffice—though new criteria are needed in many areas of occupational assessment.

Clinicians should remain continuously updated on changes in laws and conditions related to

drug, alcohol, and marijuana testing, as legislative amendments may substantially affect their scope of practice and the legal permissibility of certain testing protocols. For instance, recent amendments to marijuana laws in certain U.S. states permit its use in nonpsychoactive (e.g., cannabidiol) or recreational forms, creating complex interactions with workplace drug testing policies and fitness-for-duty determinations. The employer must inform the employee that they can return to work only after meeting all necessary medical and safety requirements. If the employee and employer have agreed to this requirement as a condition of continued employment, the employee may be terminated even if they have not completed a fitness-for-duty certificate for their health condition—provided that such termination does not violate the ADA's reasonable accommodation mandate. There is a growing research interest in the prevention and cost-effectiveness of fitness assessments for work, particularly given rising healthcare costs and an aging workforce. However, scientific evidence remains scarce in this domain and is rarely based on rigorous experimental designs such as randomized controlled trials.[26][27][28] This scarcity reflects the inherent complexities of fitness

assessments for work, including conceptual constraints (defining what constitutes “fitness”), varying work conditions and requirements across industries, and significant ethical implications related to discrimination, privacy, and autonomy.

### **Team Interventions**

A multidisciplinary team approach involving the employee, employer, clinician, allied health team (including physical therapists, occupational therapists, and rehabilitation specialists), and other healthcare providers is key to achieving successful occupational outcomes. The fitness-for-work assessment, including pre-employment physical examinations, evaluates the employee’s capacity to work in the environment without posing risks to their own health and safety or that of their colleagues. These assessments are carried out with the preventive aim of averting future health and safety risks for the worker or candidate, their coworkers, and the general public. A careful balance must be struck between job-related health and safety risks and the essential functions described in the job description. Research demonstrates that tailoring the work environment to individual worker needs—through ergonomic modifications, adjusted schedules, or assistive

devices—can help reduce unnecessary job cuts in high-demand, safety-critical roles while preserving safety outcomes.[6][25]

Providing a complete, accurate, and current job description is recommended to allow for reasonable accommodation determinations that are both clinically appropriate and operationally feasible. Establishing a threshold or acceptable level of risk is sometimes difficult and often requires a multi-part, expert-based consensus that incorporates input from occupational medicine physicians, industrial hygienists, legal counsel, and worker representatives. An illustrative example is a nurse who has sustained a back injury that prevents them from fully performing their nursing duties, such as patient lifting or prolonged standing. A collaborative approach involving occupational clinicians, nursing supervisors, human resources professionals, and the injured nurse can help rehabilitate the individual through graded return-to-work, physical therapy, and ergonomic accommodations to enable them to perform their pre-injury tasks or suitable alternative duties.

The following key considerations are suggested for the interprofessional team when assessing return to duty:

**Job safety and physical demands** primarily determine fitness for work, rather than the medical conditions or diagnoses of candidates per se. The functional question is always: “Can this person perform this job safely?” not “Does this person have a disability?”

**Fitness-for-work assessments that focus on specific, measurable job requirements** predict future health outcomes—including injury risk, absenteeism, and job retention—better than those focused primarily on health history or diagnostic labels, which may introduce bias without adding predictive value.

**Reliable, evidence-based tools** should be prioritized and correctly used when evaluating fitness for work, with attention to each tool’s validation population, psychometric properties, and applicability to the specific occupational context.

Certain specialized occupations, such as commercial pilots, have substantially more rigorous qualifications and physical fitness requirements than general industry positions. The Federal Aviation Administration regulates and sets specific standards for particular medical conditions, including cardiovascular disease, neurological disorders, and psychiatric

conditions. Psychological assessments are included in these evaluations and may lead to disqualifications based on specific medical diagnoses regardless of functional capacity. Consulting specialists—such as aviation medicine physicians, neuropsychologists, and cardiologists—for the evaluation of such individuals is often beneficial and may be legally required.[29][30]

Despite being a common practice in occupational medicine, there remains a pressing need for more precise, practical, and validated tools for making judgments on certifying an individual as fit or unfit for work. These tools should be evidence-based—derived from high-quality prospective studies—or formulated as consensus guidance by professional occupational health organizations wherever the evidence base is insufficient for definitive recommendations.

Further research is urgently required to develop reliable tools and assessment methods that improve the effectiveness, consistency, and fairness of fitness-to-work examinations. The ADA guidelines should be regularly reviewed and updated by relevant government agencies—including the EEOC, the Department of Justice, and OSHA—incorporating the latest scientific evidence,

emerging best practices, and evolving understandings of disability and accommodation.[31]

In summary, occupational providers face several persistent challenges regarding fitness-for-duty certifications, including evidentiary gaps, legal complexity, and the need to balance competing stakeholder interests. The focus should remain on striking a principled, evidence-informed balance between employer operational requirements and employee health needs, performing job function assessments that lead to the most successful outcomes for all parties while respecting the legal and ethical commitments of the ADA and analogous frameworks worldwide.

## **Conclusion**

Fitness-for-duty and return-to-work evaluations occupy a uniquely challenging intersection of clinical medicine, occupational safety, employment law, and ethical practice. The occupational health provider functions not merely as a diagnostician but as a gatekeeper whose determinations carry profound consequences for individual livelihoods, workplace safety, organizational liability, and compliance with civil rights protections. This review has demonstrated that valid fitness

assessment requires far more than a routine physical examination or a checklist of medical contraindications. It demands, instead, a methodologically rigorous, contextually informed, and ethically attuned approach that systematically integrates job analysis, functional capacity evaluation, risk assessment, and accommodation planning.

Perhaps the most important insight emerging from the literature is that unfitness should be regarded as an exceptional finding rather than a default conclusion. The ADA's framework of reasonable accommodation compels clinicians and employers alike to ask not merely "Can this worker perform the job?" but rather "With what modifications, assistive devices, schedule adjustments, or environmental changes can this worker perform the job safely and effectively?" This reframing shifts the clinical gaze from deficit identification to capacity enablement, aligning occupational medicine with broader disability rights principles and evidence-based rehabilitation practice.

At the same time, the occupational health community must confront honestly the evidentiary deficits that currently characterize this field. Many fitness assessment tools lack rigorous validation, and much of the existing literature relies on expert consensus or

observational designs rather than prospective, controlled studies. The absence of standardized, occupation-specific, validated instruments across most job categories leaves practitioners dependent on clinical judgment that, however well-intentioned, may introduce unwarranted variability and potential bias. Future research must prioritize the development and validation of such tools, with particular attention to diverse worker populations, emerging health conditions, and the full spectrum of occupational settings from sedentary knowledge work to heavy labor and safety-critical operations.

Finally, the interdisciplinary nature of successful fitness-for-work determinations cannot be overstated. The lone clinician, however skilled, cannot possess complete knowledge of every job's demands, every workplace's hazards, and every available accommodation. Collaboration with employers, human resources professionals, industrial hygienists, physical and occupational therapists, mental health providers, and sometimes legal counsel is not merely advisable but essential. When such collaboration is structured with appropriate confidentiality safeguards and a shared commitment to evidence-based, non-discriminatory practice,

the result is a fitness determination that serves the legitimate interests of all stakeholders—protecting safety without sacrificing inclusion, and enabling return to work without compromising well-being.

As the workforce ages, as chronic disease prevalence rises, as mental health awareness grows, and as post-infectious functional impairments become more widely recognized, the demand for sophisticated, fair, and scientifically grounded fitness-for-work assessments will only intensify. Occupational health practitioners must rise to this challenge by committing to lifelong learning, rigorous adherence to legal and ethical standards, and a fundamental orientation toward capacity, accommodation, and safe return—rather than toward exclusion and restriction. In doing so, they will fulfill the highest aspirations of occupational medicine: adapting work to the worker and the worker to work, in a dynamic equilibrium that honors both human dignity and workplace safety.

#### **Declaration:**

LLM utilized for minimal-edit grammatical error correction.

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