

# Reasonable Cause Form

The following may be used to document the reasons for requesting that an employee be asked to submit to medical evaluation, drug or alcohol screen or as the basis for referral to EAP.

Employee's Name \_\_\_\_\_ Company \_\_\_\_\_

A. Was there an incident or accident?  Yes  No

1. Description of event \_\_\_\_\_

2. Date and Time: \_\_\_\_\_

3. Extent of Injury to persons or property \_\_\_\_\_

4. Employee's actions \_\_\_\_\_

5. Was the employee sent for alcohol and drug screening?  Yes  No

Date and Time: \_\_\_\_\_

B. Is the Employee in a Safety Sensitive Position?  Yes  No

C. Observation of Employee (date: \_\_\_\_\_ time: \_\_\_\_\_):

Check all the options below that apply

1. **Walking**

Falling  Holding On  Staggering  Deliberate  Unable to Walk

2. **Standing**

Feet wide apart  Rigid  Swaying  Unable to stand

3. **Speech**

Silent  Incoherent  Rambling  Shouting/Loud  
 Fast  Slow  Slurred  Whispering

4. **Actions/Behavior**

Drowsy  Erratic  Fighting  Hostile  Defensive  
 Hyperactive  Profanity  Resisting communications  Threatening

5. **Eyes**

Bloodshot  Closed  Dilated  Droopy  Glassy

6. **Face**

Flushed  Pale  Sweaty

7. **Appearance / Clothing**

Dirty  Unruly  Stains on clothing  
 Messy  Neat  Partially dressed

8. **Odor**

- Alcoholic odor             Faint Alcoholic odor             No Alcoholic odor
- Marijuana odor             Faint Marijuana odor             No Marijuana odor

9. **Movements**

- Fumbling             Hyperactive     Jerky             Nervous             Normal

10. **Covering / Concealing**

- Candy             Gum             Mints             Mouthwash odor     None

Other substances or methods (in locker, in soda can, etc.): \_\_\_\_\_

\_\_\_\_\_

D. Attendance

1. Total absences in last two months \_\_\_\_\_

Any absences on recurring Mondays and/or Fridays?     Yes     No

2. Times tardy in the last two months \_\_\_\_\_

3. Times employee left early in last two months \_\_\_\_\_

E. Performance Level

1. Has there been a recent change in the employee's level of performance?

- Yes     No

2. If Yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. Other Observations/ Factors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. Witnesses and/or Employees involved: \_\_\_\_\_

- H. Supervisory Actions taken:  Incident report  
 Transportation off site for employee  
 Mandatory EAP referral made (see attached)

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name