**MARYLAND DEPARTMENT OF HEALTH**

**HEALTH STATEMENT OF ABILITY FOR**

**SEDENTARY AND LIGHT-DUTY WORK**

I have read and/or have had explained to me the responsibilities, functions and work environment of a , the job which has been offered to me, and attest that, to the best of my knowledge, I am physically and mentally capable of the safe and effective performance of all job-related functions of this classification.

**Signature of Employee**

**Date**

In principle, State employees should be responsible for and required to have and maintain a state of health and fitness that allows them to carry out their required job-related tasks without detriment to the effectiveness of their employing agency or themselves.

**DHMH 1470**

**Revised 05/18**