RETURN TO WORK INTERVIEW FORM

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| **Employee Name:** | **Job Title:** |
| **Name of Return to Work Interviewers:** | **Job Title Return to Work Interviewers:** |
| **Absence Start Date:** | **Return to Work Date:** |
| **Reason for Absence:** | **Are you fully recovered?**Yes / NoComments: |
| **Total Number of Days Sick:** | **Number of days sick in last 6 months:** |
| **Has the Employee Hit any Sickness Absence Trigger Points?** Yes / No | **Will the Employee be referred to a Formal Monitoring Meeting?** Yes / No |
| **Are you fit to be back at work? Y/N**Is this subject to any reasonable adjustments (inc. phased return)?   | **Were the correct reporting procedures followed? Y/N**Self cert form received: Y/NDoctors note received: Y/N |
| **Are there any problems relating to your illness/injury that may affect your ability to perform your job? Y/N** | **Have you suffered from a condition which is likely to re-occur? Y/N** |
| **Do you need further Occupational Health support? (where appropriate)** Yes / No | **Did you attend hospital /clinic or GP surgery? Y/N** |
| **Are you taking any medication? Y/N** | **Are there any follow up appointments required? Y/N** |
| **Is Occupational Health aware of your sickness/injury? Y/N** | **Is there any further support that can be provided now or in the future? Y/N** |
| **Additional Comments:** |
| **Employee Signature:** | **Date:** |
| **RTW Interviewers Signature**: | **Date:** |

**Please retain this form along with any medical certificates in the employee’s personal file.**