

# Return to work form

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## Employee details

Full name	
Role	

## Absence details

First day of absence	
Last day of absence	
Total days of absence	
Was the correct procedure followed by the employee to report the absence?	Yes / No
Doctor's certificate attached?	Yes / No
Instances of absence in the past rolling 12 month period	<p>Number of instances:</p> <p>Details of absences:</p> <p>1) DATE to DATE (no. of days: ...) Reason:</p> <p>2) DATE to DATE (no. of days: ...) Reason:</p> <p>3) DATE to DATE (no. of days: ...) Reason:</p>

## Meeting details

Date of meeting	
How are you feeling?	
Do you feel well enough to return to work and carry out your normal hours and duties?	
What was the reason for your absence? Was it related to an ongoing or underlying health condition? Was it related to any factors in the work environment?	Yes / No <b>Details:</b>
Was any medical treatment required? (If yes: will you require follow-up treatment? If so, how often and when are the next appointments?)	Yes / No <b>Details:</b>
Are you on any medication following your absence which may affect your role?	Yes / No <b>Details:</b>
If the absence was work-related, can we make any adjustments to the work environment to prevent it happening again?	Yes / No <b>Details:</b>
Is a follow-up meeting required for further action? If so, when?	Yes / No <b>Details:</b>

Employee's signature: \_\_\_\_\_ Line manager's signature: \_\_\_\_\_

Employee's name: \_\_\_\_\_ Line manager's name: \_\_\_\_\_