**Return to Work Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Employee | |  | | | | | |
| Last Absence | | | | | | | |
| Date of first day of sickness: | |  | | | | | |
| Date of last day of sickness: | |  | | | | | |
| Total number of working days lost due to sickness: | |  | | | | | |
| Reason for Absence: | |  | | | | | |
| Total Sickness Absence record over the last 12 calendar months | | | | | | | |
| Total number of Occasions: | |  | | | | | |
| Total number of working days off: | |  | | | | | |
| Total number of medically certified working days off: | |  | | | | | |
| Reason for occasions: | |  | | | | | |
| Question | | | | | | Yes | No |
| Does the Employee feel fit enough to return to work?  If no, please explain further: | | | | | |  |  |
| If this is a recurring illness or likely to occur again?  If yes please give details: | | | | | |  |  |
| Did the Employee seek any medical advice?  If yes, please give details: | | | | | |  |  |
| Is the Employee taking any medication that may affect their work?  Eg drowsiness/dizziness. If yes, please give details: | | | | | |  |  |
| Was the absence caused or made worse by workplace factors?  If yes, please give details: | | | | | |  |  |
| Have the relevant forms been handed in? Eg Medical Certificates. | | | | | |  |  |
| If absence was due to an injury sustained at work has form HS1 Accident Report, or HS3 Incident of Violence Report been completed and the Health & Safety Officer informed? | | | | | |  |  |
| If the Absence was caused by a third party accident, has the appropriate form been filled in to notify payroll ( who will seek a claim against the insurer )? | | | | | |  |  |
| Is any action required to facilitate the employees return to work?  If yes please give details: | | | | | |  |  |
| Action Required/Agreed | | | | | | Yes | No |
| Is the amount/Level of sick absence causing concern? | | | | | |  |  |
| Is a referral to the Occupational Health Specialist appropriate? | | | | | |  |  |
| Is a risk assessment required? (Including stress risk assessment ) | | | | | |  |  |
| Risk Assessment Tool: | | | | | | | |
| Description of Risk  e.g the employee is required to lift heavy items but this may make health worse. | Impact –  Medical situation could have on carrying out duties | | | Probability –  Medical situation could have on carrying out duties | Action  i.e reasonable adjustments, training, equipment or support | | |
|  | High,  Medium or  Low | | | High,  Medium or  Low |  | | |
|  | | | | | | | |
| Further action Required?  Eg, Counselling, Oh referral. | | |  | | | | |
| Any other Comments: | | |  | | | | |
|  | | | | | | | |
| Signature of Employee: | | |  | | | | |
| Date: | | |  | | | | |
| Signature of Manager: | | |  | | | | |
| Date: | | |  | | | | |