

RETURN TO WORK INTERVIEW FORM

This form should be completed on the employee's return to work following any period of sickness.

Dates of absence (including non-working days)							
From: / /	am/pm	To:	/	/			am/pm
Reasons for absence:							
Details of medical practitioner seen	in relation to	this abs	ence	(if any):			
Details of any medication prescribed	d, together wi	th its eff	ects, i	n relatior	n to this ab	sence	(if any):
Fit to return to pre-injury duties (please give details)							
O Yes							
O Yes, with phased return							
O No							
Comments (i.e. what actions has the employee action?)	e agreed to i	n order	to ave	oid furthe	er absence	and a	any employer
Signature (interviewer):					Date:	/	/
Signature (employee):					Date:	/	/