RETURN-TO-WORK INTERVIEW FORM

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| Return-to-work interview form | |
| Employee name: | Department: |
| First date of sickness: | Date returned to work: |
| Total days in this period of absence: | Reason for absence: |
| Was GP/hospital consulted  (if yes, which one): | Medication prescribed/treatment given: |
| Has self-certification form or fit note been submitted (Y/N)? | Is the employee fully recovered (Y/N)? |
| Is the employee able to resume normal duties (Y/N)? | Is further treatment necessary? If so, please provide details: |
| Details of all sickness absence in  past twelve months and reasons: | |
| Details of any action needed, e.g.  temporary working alterations:  Other issues: | |
| Interviewer’s comments: | |
| Date interview completed: |  |

Interview conducted by: .............................

Signed by interviewer: ............................... Date: .....................................

I confirm that I have been given a copy of this form and that the information provided by me during the interview was correct.

Signed by Employee: .....................……. Date: .....................................