

Employee name:

Return to work interview form

Line Manager:			
Date of interview:			
Number of absences	in the past six months:	days	
Number of occasions	of absence in the last six month	s:	
1. What was the r	eason for this absence?		
2. How long was	the employee absent from work?	?	
days	Dates of absence: From	to	



Did the employee comply with the notification procedule	tification procedure?	the notifi	/ with	vee comply	employ	Did the	3.
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Yes No

If **no**, please state reasons:

4. Was this absence related to a previous absence(s)?

Yes No

If yes, please give date / nature of previous absences(s)

5. Is there a likelihood of reoccurrence?

Yes No

If yes, how does the employee think it will that affect their work?

6. Is the employee fit for work?

Yes No

If no, why does the employee think they are not fit for work?



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Yes No

Date of visit(s):

8. Was the employee prepared to inform you of the advice given?

Yes No

If yes, what was the advice given?

9. Does the employee require further medical treatment?

Yes No

If yes, ask the employee to give full details

10. a) Detail any advice given to the employee by their Doctor/Consultant b) Detail any medication that the employee is taking which may have an effect on the operation of any machinery or work equipment. 11. Detail any underlying problems relating to the absence (personal, work or domestic) and can any assistance be given to the employee by the company?

12. Detail any further action or adjustments which may be required and if appropriate, time- scales agreed. (Does the employee have a risk assessment which needs to be reviewed?)



Additional notes:		
additional flotes.		

Employee statement: I can confirm that the information I have provided above is correct, and that I am fit to return to work performing my usual duties.

Line ManagerEmployeeName:Name:Job Title:Job Title:Signed:Signed:Date:Date: