**RETURN TO WORK INTERVIEW**

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| To be completed by the Line Manager with Employee immediately following Employee’s Return to Work | | | | | |
| Date of Interview |  | Interview conducted by |  | | |
| First day absent |  | Last day absent |  | Date and Time absence notified |  |
| Number of working days absent |  | Number of days absent in last 12 months |  | Absence notified by |  |

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| **Further details about nature of illness/injury/absence** | | | |
| Do you feel you are fit to return to work? |  | If you are returning prior to the expiry of a current certificate, do you have your doctor’s agreement? |  |
| Did you consult your GP (or hospital doctor) or other suitably qualified health practitioner (eg Nurse at GP surgery, hospital, pharmacist) | | | |
| If NO, why not? If YES, who did you consult and what advice did they give? | | | |
| Are you taking any medication? |  | If there is anything regarding your medication we should be aware of? |  |
| Have, you been advised to avoid during/using machinery?  If YES, give details? | | | |
| Do you have any recurring or underlying problems with your health?  IF YES, please explain | | | |
| How would you describe your general state of health? | | | |
| Is the cause of your absence likely to recur?  If YES, give details | | | |
| Is there any aspect of your job which you feel is contributing to your health problems (or which potentially could do)? Do you have any suggestions of anything we could do to help you to overcome this? | | | |
| Are you experiencing any family or personal pressures which you think we should know about? | | | |

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| *OPTIONAL QUESTIONS – ONLY DISCUSS WHERE RELEVANT AND FOLLOWING*  *CONSULTATION WITH THE HR DEPARTMENT* |
| *We would like to organise a risk assessment for you. Are you happy for us to do this?* |
| *Would you have any objection if we wanted to contact your doctor for a medical report?* |

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| I confirm this is an accurate record of the discussion with my Line Manager  Employee’s signature Date  Line Manager’s signature |