

## Risk Assessment Following a Return to Work

Member of staff (name)	Date of return	Interview date	Interview carried out by (name)

**The line manager will ask the employee who has returned to work following a significant period of absence or illness the following questions:**

1. Have you been advised that you can return to work by your GP/medical practitioner / or has a current sick note expired?	<b>Yes</b>	<b>No</b>

2. Please list below any restrictions that a 'Fitness for work' note has suggested placing on your activities upon a return to work.	<b>Yes</b>	<b>No</b>

3. Have you been prescribed any medication that you feel may affect your ability to carry out your job?	<b>Yes</b>	<b>No</b>
<b>NOTE: ALL PRESCRIBED MEDICATION MUST BE STORED IN THE NURSES' OFFICE</b>		

4. Are there any physical factors that may affect your ability to carry out your job eg/ negotiating stairs, standing for long periods, lone working, manual handling?	<b>Yes</b>	<b>No</b>

5. Are there any emotional or psychological issues you would like to raise so they may be taken into account?	<b>Yes</b>	<b>No</b>

6. Do you feel fully fit, both physically and emotionally, to return to work?	<b>Yes</b>	<b>No</b>
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7. Is there a known requirement for time off for further medical treatment or consultations?	<b>Yes</b>	<b>No</b>
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8. Are there any other relevant points that you would like to raise in the context of this risk assessment interview?	<b>Yes</b>	<b>No</b>
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Please enter any additional information below, including any further control measures, restrictions on duties or review dates deemed necessary .

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***This interview has been carried out to safeguard the health, safety and welfare of the member of staff. By signing below, I confirm that this is a true record of the risk assessment interview and I agree that the control measures and any restrictions listed above are, in my opinion, fully adequate at this time.***

Signature of member of staff returning to work	Signature of interviewer
Date:	Date: