

RETURN TO WORK

Sickness Absence Self Certification Form (Part 1)

Part 1 should be completed by the employee on your return to work following any period of absence of seven calendar days or less of illness and handed to your Line Manager who will conduct a Return to Work Interview.

If your absence extends beyond seven calendar days you should complete this form and provide a Medical Certificate (MED3 / FIT NOTE).

Employee Name:		Department:	
Date of first day of absence:		Date of return to work:	
Total number of days absent			
Reporting of Absence			
How did you report your absence?			
Who did you report your absence to?			
When did you report your absence (time & date)?			

Reason for the absence Please state briefly why you were unfit for work, give precise details of sickness and symptoms – ‘illness’ or ‘unwell’ is insufficient):			
Reason / Condition			
Symptoms			
Did you consult a Medical Practitioner? (if yes, complete below)	YES / NO	Has a medical certificate been provided:	YES / NO
GP's Name & Practice, inc location			
Date of Visit			
Treatment Received / Ongoing Treatment			
Medication Prescribed			
DECLARATION			
I certify that I have been incapable of work for the reason and on the date(s) shown and that this information is true and accurate and I am now fit to return to work.			
Signed: Date:			

Return to Work Interview (Part 2)

Part 2 should be completed by your Line Manager during the Return to Work interview.
 Previous absence information to be attached and reviewed before the interview.

Total days absence this occasion:		Bradford Factor Score	
Number of periods of absence within the previous rolling 12 months		Number of days absent in the previous 12 months	
1. Was this absence related to an accident at work? If yes please give details below:		YES / NO	
2. Are you fully fit to return to your work & undertake your usual activities ?		YES / NO	
3. Are there any adjustments which could be made to facilitate or assist your return to work? If yes please give details below:		YES / NO	
4. Have you been prescribed any medication which you are still taking, which could affect your safety at work? If so, please give details below:		YES / NO	
5. Have you any follow up appointments made/ expected i.e. xrays/ physio etc? If so, please give details below:			
Any further comment / actions:			
Line Manager Signature:		Date	
Employee Signature:			

FOLLOW UP NOTES/ ACTION POINTS – To be completed by Departmental Manager/ HR			
Absence Review Meeting Required	YES / NO	Welfare Meeting Required	YES / NO