



Return to Work Questionnaire

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Employee Details			
Employee Name		Job Title	
Line Manager		LM Job Title	
Directorate	Children & Adults	Department	Ealing Music Service
Places of Work		Date of Meeting	
Main Duties			

Absence Details			
First day of Sickness		Last day of Sickness	
Number of working days absent		Anticipated date for return to work	

Questions	Yes	No	N/A
1. To the best of the employee's knowledge, was the sickness absence the result of an injury at work?			
1a. If there was an accident at work, has an accident at work form been completed?			
2. Was the absence related to an existing or potential disability?			
2a. If related to a disability, have adjustments/existing risk assessment been discussed and reviewed?			
3. Has the employee consulted their doctor?			
4. Have medical certificates been received?			

Discussions
<p>Summary of health issue and discussion</p>



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Current situation regarding the health issue (if relevant)

Concerns or issues on return to work (if relevant)

Any limitations or reasonable adjustments that may be relevant to this post

Actions

We confirm that the above comments are accurate.
In addition, I wish to comment as follows (optional):

Signed
(Employee):

Date:

Signed
(Manager):

Date: