

Return to Work Meeting Template

TO BE COMPLETED BY MANAGER WITH TEAM MEMBER IMMEDIATELY FOLLOWING TEAM MEMBERS RETURN TO WORK

Date of meeting		Meeting conducted by			
First day absent		Last day absent		Date & Time absence notified	
No. of working days absent		No of days absent in last 12 months		Absence notified by	

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 (e.g. nurse at GP surgery, hospital, pharmacist) during this period of absence.			
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?	
If NO, why not? If YES, who did you consult and what advice did they give?			
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?			

OPTIONAL QUESTIONS FOR LONG TERM SICK LEAVE			
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?			
I confirm this is an accurate record of the discussion with the Manager			
Employee's signature		Date	
This form will be kept on your file.			

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