



RETURN TO WORK INTERVIEW

TO BE COMPLETED BY MANAGER WITH EMPLOYEE IMMEDIATELY FOLLOWING EMPLOYEES RETURN TO WORK

Date of interview	26/02/2019	Interview conducted by	JOHN GOULD		
First day absent	5/02/2019	Last day absent	12/02/2019	Date & Time absence notified	5/2/2019 8:00 am
No of working days absent	5 DAYS	No of days absent in last 12 months	3	Absence notified by	TELEPHONE

Further details about nature of illness/injury/absence

Do you feel you are fit to return to work?	YES	If you are returning prior to the expiry of a current certificate, do you have your Doctor's agreement?	NO
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?			
CONSULTED DOCTOR, WAS ADVISED TO REST DUE TO STRESS & ILLNESS			
Are you taking any medication?	NO	If there is anything regarding your medication we should be aware of?	NO
Have you been advised to avoid driving/using machinery?			
If YES, give details?			
NO			
Do you have any recurring or underlying problems with your health?			
If YES, please explain			
NO			
How would you describe your general state of health?			
OK			
Is the cause of your absence likely to recur?			
MAIBE, GENERAL HEALTH ISSUES.			
If YES, give details			
IAN IS STILL HAVE COUNCELLING FOR STRESS & ANXIETY			
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?			
PRESSURE OVER DEAD LINES, LACK OF INFORMATION.			
Are you experiencing any family or personal pressures which you think we should know about?			
CREDIT CARD DEBT.			

OPTIONAL QUESTIONS - ONLY DISCUSS WHERE RELEVANT

We would like to organise a risk assessment for you. Are you happy for us to do this?	NOT RELEVANT
Would you have any objection if we wanted to contact your doctor for a medical report?	NO

I confirm this is an accurate record of the discussion with the Manager

Employee's signature *Paul Bennett* Date 26.2.19.

Manager's recommendation regarding this absence (tick all those that apply)

<input checked="" type="checkbox"/> Acceptable reason for absence - Pay full contractual pay
<input type="checkbox"/> Satisfied that employee is genuinely incapacitated for work on health grounds. Pay full Sick Pay entitlement
<input type="checkbox"/> Not entirely satisfied but prepared to give benefit of doubt on this occasion. Pay full Sick Pay entitlement
<input type="checkbox"/> Not entirely satisfied but prepared to give benefit of doubt on this occasion. Pay SSP only
<input type="checkbox"/> Not satisfied that the employee is genuinely incapacitated. Pay no Company Sick Pay or Statutory Sick Pay
My reason for this is
<input type="checkbox"/> Other (Please explain)
<input type="checkbox"/> Refer to for medical report/further advice

I confirm that I have discussed my above recommendation with the employee

Signed (Manager) *John Gould* Name JOHN GOULD Date 26/02/2019

This form should be returned to Paul Bennett