

Return to Work Assessment Form

This form is used to assess and document an employee's fitness to return to work after an extended absence due to illness, injury, or other medical reasons. Please complete all sections before printing.

1. Employee Information

Employee Full Name:

Job Title:

Department / Division:

Line Manager Name:

2. Absence Details

First Day of Absence:

Last Day of Absence:

Primary Reason for Absence:

Medical Certificate Provided:

3. Return to Work Assessment

To be completed by the Line Manager in discussion with the Employee.

Is the employee fully fit to resume normal duties?

Are any temporary modifications or adjustments required?

Details of temporary modifications (if applicable):

Date for review of modifications:

4. Additional Comments / Action Plan

Discussion notes, support measures, or agreed actions:

5. Declarations & Signatures

We confirm that the Return to Work discussion has taken place and the details recorded are accurate.

Employee Signature: Date:

Manager Signature: Date: