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## WORK INTERVIEW

The company will use information	<b>PROTECTION</b> obligations under your employment contract. All information will be stored and with our data protection policy.
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<b>TO BE COMPLETED BY</b>		<b>IMMEDIATELY FOLLOWING EMPLOYEES RETURN TO WORK</b>	
Date of interview		Conducted by	
First day absent		Start date	Date & Time absence notified
No of working days absent		Days absent in period	Absence notified by

<b>Further details about nature of illness</b>	
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) during this period of absence? If NO, why not? If YES, who did you consult?	Did you consult a health practitioner (e.g. nurse at GP surgery, hospital, pharmacist) during this period of absence?
Are you taking any medication?	Is there anything regarding your condition we should be aware of?
Have you been advised to avoid driving? If YES, give details?	
Do you have any recurring or underlying conditions? 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 think we should be aware of or anything we could do to help you to overcome this?	Are there any health problems (or which potentially could do)? Do you have any suggestions of how we could help?
Are you experiencing any family or personal issues which we should know about?	

<b>ONLY DISCUSS WHERE RELEVANT</b>	
We would like to organise a risk assessment for you. Do you have any objections for us to do this?	
Would you have any objection if we wanted to see your medical report?	
I confirm this is an accurate record of the interview.	Date
Employee's signature	

<b>Issues raised and any further action agreed</b>

<b>Are there any changes/adjustments required in the workplace to accommodate the employee's illness or injury?</b>

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Signed (Manager)

Date

This form should be returned to