

## Return to Work Interview Form

<b>Name:</b>	<b>Team / Department:</b>
<b>Date absence commenced:</b>	
<b>Date returned to work:</b>	
<b>Total working days absent:</b>	
<b>Bradford Score (If used)</b>	
<b>Reason for absence:</b>	
<b>Did they attend GP? If so what treatment was given?</b>	
<b>Are they on any medication on their return to work and if so what?</b>	
<b>Do they feel well enough to return to their full duties:</b>	
<b>Other Comments</b>	
Signed _____ Date _____ <b>EMPLOYEE</b>	
Signed _____ Date _____ <b>INTERVIEWER</b>	