

impact hr checklist

Return to work interview

This is a standard return to work interview form for general sickness absence management.

Employee name:	
Job title:	
Manager name:	
Date:	
Time:	

Absence details		
Dates of ill-health (include non-working days)	From:	To:
Total number of days ill-health (include non-working days)		
Number of days absent from work		
Date of return to work		
Reason(s) for absence		
Did the reason for absence given above, match what was originally communicated by the employee?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, provide details:
Did the employee follow the correct absence reporting procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, provide details:
Did the employee consult a medical professional in relation to this absence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details: Medical professional: Date of attendance with medical professional:
Is the employee on any medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details:



If the absence was for fewer than 7 days (including non-working days), has a self-certificate form been completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, provide details:
If the absence was for more than 7 days (including non-working days), has a Fit Note been provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, provide details:
What dates does the Fit Note cover?	From:	To:
What reason for absence is given on the Fit Note?		
Does the Fit Note make any recommendations or advice? (e.g. phased return / amended duties)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details:
Does the employee feel well enough to be at work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, provide details:
Has the employee been absent from work for the same or similar reasons in the past?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details: [If applicable] Bradford Factor score:
Is there anything work related that could have contributed to this absence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details:
Are there any actions the Company could do to prevent the employee's ill-health re-occurring?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details:
Is the employee's ill health due to an on-going health condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details:
Has the employee disclosed a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details:
Does the employee require any adjustments to support their return to work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details:
Is further assistance required from occupational health?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, discuss consent and referral process:
Have you updated the employee on any work matters	Yes <input type="checkbox"/>	Detail items and feedback:



that have occurred whilst they were absent?	No <input type="checkbox"/>	
Any further comments		

Manager's sign-off		Date:
Reviewer's sign-off		Date:

Your next step to safer, smarter workplaces

For tailored advice, call 0330 236 9866 or email hello@impacthr.co.uk. Alternatively, explore more useful Checklists in the Impact Hub at [impacthr.co.uk](https://www.impacthr.co.uk).