

RETURN TO WORK MEETING

| | | |
|--|--|------------------------|
| EMPLOYEE NAME: | | |
| DATE OF MEETING: | | |
| CHAired BY: | | |
| DATES OF PERIOD OF ABSENCE: | NUMBER OF DAYS ABSENT IN LAST 12 MONTHS: | BRADFORD FACTOR SCORE: |
| REASON GIVEN FOR ABSENCE: | | |
| CERTIFICATION (SELF/GP/CONSULTANT): | | |
| MEDICAL ADVICE SOUGHT: | | |
| <p>NOTES OF DISCUSSION: Capture key points of discussion regarding symptoms, underlying medical condition, medical advice sought, actions taken, any impact on ability to fulfil role.</p> | | |
| <p>ACTIONS AGREED: Capture key actions agreed with regard to next steps to explore any potential underlying condition further, reasonable adjustments required, follow-up dates.</p> | | |
| SIGNED (MANAGER) | SIGNED (EMPLOYEE) | |