The Shrewsbury and Telford Hospital NHS Trust

Return to Work Form

To be completed for EVERY episode of sickness absence. For absences of up to 7 calendar days, this form will act as the self certification form. For absences of 7 calendar days or more, the member of staff must also provide Statement of Fitness for Work (Fit Note).

Part 1 – To be completed when the employee first reports their sickness absence

Name:					
Job Title:					
Department:					
Absence reported to:		**Time:**		**Date:**	
Reason for absence: (list symptoms and causes)					
First day of illness:		**First day of absence:**			
If the employee attended work, what time did they leave		**What shift were they working:**			
Adjustments considered to allow the employee to attend work if appropriate (e.g. reduced shift length, alternative duties, alternative work location)					
Date of expected return to work:					
Agreed method and frequency of contact:					
Refer immediately to support services if required: ***(Immediate referrals should be offered for work related stress and MSK problems. In cases of work related stress, also consider completion of a stress risk assessment)***	Occupational Health	Yes / No / Declined			
	Staff Counselling	Yes / No / Declined			
	Fast-Track Physio	Yes / No / Declined			
Does the employee hold additional employment either inside or outside the Trust?	YES / NO If yes, is it appropriate for the employee to undertake work in other post? Document discussions and agreements.				
If diarrhoea or vomiting was there an outbreak on the ward/department at the time of absence confirmed by Infection Control?	Yes / No				
Additional Notes / Comments:					

Part 2 – To be completed when the employee returns to work

Section A – Absence Details

Last day of illness:		**Return to Work Date:**	
Total number of working days of absence for this episode:			
Has a Statement of Fitness for Work (Fit Note) been provided?:	Yes / No / Not Required		

Section B – Work related accidents, injuries and illnesses

Does the employee believe the absence is the result of an injury at work, or work-related accident or illness?		Yes / No If no, move to section C.	
If yes, please give further details:			
Date reported:		**To whom reported:**	
Incident report form completed:	Yes / No (if no, give reasons)	**Datix No:**	
Incident reported to HSE under RIDDOR		Yes / No	
Is the absence the result of an accident where damages may be claimed from a third party (e.g. road traffic accident, professional sport injury)?		Yes / No (If yes, please give further details and notify pay services)	

Section C – Food Handlers

Does the individual directly touch food as part of their work or touch food contact surfaces or other surfaces in rooms where open food is handled?	Yes / No If no, move to section D.
Any diarrhoea or vomiting in the past 48 hours?	Yes / No
Any diarrhoea or vomiting whilst abroad, or within 2 weeks of return?	Yes / No
Blood present in stool during illness?	Yes / No
Has the individual been absent with a gastrointestinal Illness for more than 5 days?	Yes / No
If the individual answers **No** to **all** statements, they can return to normal duties. If the individual answers **Yes** to **any** statement, refer to Occupational Health for assessment. They must not work with patients or food until medical clearance is given.	
Where a septic skin lesion is present, can it be covered with a blue waterproof dressing?	Yes / No If **No**, refer to Occupational Health for assessment.
Does the individual have any jaundice or have they had any contact with Hepatitis A?	Yes / No If **Yes**, refer to Occupational Health for assessment.

Section D - Summary of Sickness Absence in Previous 12 Months

Dates of Absence	No. working days/shifts:	Reasons for absence:	Stage of Procedure / Pattern Identified (if applicable)

Section E - What action will now take place?

Are referrals required to Occupational Health, Staff Counselling or Fast Track Physiotherapy? Is a stress risk assessment required?	Yes / No If yes, provide details
Individual provided with details of support agencies they may approach (e.g. Disability Employment Advisory Service, Job Centre Plus, Remploy, Access to Work, Moodzone, MIND etc)	Yes / No If yes, provide details
If there is a likelihood that the condition will recur, require further treatment or become part of an ongoing health condition, please detail the agreed support arrangements and date of review meeting:	

Section F - To be completed if the individual has triggered a stage of the sickness absence procedure with this episode or is already within a period of monitoring at Stage 1 or Stage 2.

Stage Triggered		**Start Date of targets:**		**End Date of targets:**	
If attendance at work does not improve, the individual will reach the trigger point for the next Stage once the following number of episodes and/or days is reached:					**Episodes AND/OR**
					Days

AND/OR

The individual will reach the trigger point for the next Stage if the following pattern of absence continues:	

Additional Notes / Comments:

Employee Declaration

I certify that I have been unable to work during the above period due to sickness and that the content of this form is an accurate account of the return to work interview.			
Signature:		**Date:**	

Manager Confirmation

I certify that this form represents an accurate account of the return to work interview.			
Manager Signature:		**Date:**	
Absence opened and closed on ESR / E-Rostering (tick box and date when complete)			

Please retain this form on the personal file. If new targets at Stage 1 or 2 have been set, a copy MUST be given to the employee.