Self Certification and Return to Work Interview Form

Full Name of Employee reporting sick (Block Capitals)

Employee Number (if available)

Employee's Job Title

Department

Actual Start Date of Sickness

Actual End Date of Sickness

Date Returned to Work

Please indicate working dates on which you were off sick including the hours & minutes of each shift or day

Date		Date		Date		Date		Date	
Hours:Mins		Hours:Mins		Hours:Mins		Hours:Mins		Hours:Mins	
Date		Date		Date		Date		Date	
Hours:Mins		Hours:Mins		Hours:Mins		Hours:Mins		Hours:Mins	
Date		Date		Date		Date		Date	
Hours:Mins		Hours:Mins		Hours:Mins		Hours:Mins		Hours:Mins	
Date		Date		Date		Date		Date	
Hours:Mins		Hours:Mins		Hours:Mins		Hours:Mins		Hours:Mins	

Nature of Illness or Injury

Actual Absence Reason

Was your absence related to an industrial injury?

Was your absence due to a violent incident at work?

If "Yes" Please state Date of Injury or Violent Incident: -

If "Yes" has an Incident form been completed?

Was the absence a result of a road traffic accident?

Was the absence a result of a notifiable or infectious disease?

If so please inform Workplace Health and Well-being and your Manager.

Examples of notifiable or infectious diseases.

Chicken pox
Diarrhoea and / or vomiting
Dysentery
Food poisoning
Measles
Mumps
Rubella
Shingles
Whooping cough

Conditions due to physical agents such as gases, radiation etc
Injuries due to physical demands of work e.g lifting, repetitive strain injury etc
Tuberculosis
Tetanus
Hepatitis
Skin rashes

Please turn over to complete the form

Name of Employee	0	ESR7 Page 2 of 2

A Return to Work Interview must be held following every episode of absence. This section must be completed with the employee and their line manager and a copy placed on the employee's personal file.

Further information can be found in sections 8.7 and 11.0 of the Managing Sickness Absence Policy

Date of return to work interview

Attendees at the return to work interview

Discussions during the return to work interview

e.g. The cause of absence, medical advice was sought, if they are fit for work, if any support or assistance is required, what has been happening since they were away.

Action following the return to work interview

e.g Referral to Workplace Health and Wellbeing, change in hours or working pattern

Follow up (if required)

e.g. Review in 2 weeks

Is a stage 1, 2 or 3 meeting now required?

I certify that I have undertaken no paid or unpaid employment during the period covered by this form.

I certify that to the best of my knowledge the information given is true. I understand that to give false information may result in the loss of sick pay and could result in disciplinary proceedings, investigation by the Trust's Local Counter Fraud Specialist and possible criminal action.

Employee's signature **Date**

Managers signature **Date**

***IMPORTANT** **this form must be completed upon return to work, failure to do so may affect the employee's pay**