

# Return to work form



Name:	
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Reason for absents:	
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First date off work:	
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Date return to work:	
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Total number of days:	
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Number of working days:	
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Have you consulted a doctor/health care professional? If so, what have they advised?	
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(infectious illness other than for covid-19)

Yes

No

Have you been clear of symptoms/infection for 48 hrs?

Yes

No

Do you consider yourself fit to work?

Do you need if any support while at work?

Yes

No

Do you expect to have any further days off for the same issue?

Notes:

Staff Sign:

Date:

Manager Sign:

Date: