

Name of Employee		
Position		
Date absence started		
Date of return to work		
1.	Total period of absence (show dates and/or times if appropriate)	Dates: Times:
2.	Reason given for absence	
3.	Did employee comply with the Company's Sickness Policy in terms of reporting the absence? If no, state reasons given and action taken, if any.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Was the absence related to a previous absence? If yes, give details	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Was the reason for absence work-related? If yes, give details Action to be taken?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> (please see box 15)
6.	Was the absence due to an injury at work? If yes, were the reporting procedures relating to Health & Safety at work followed? Give details	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Did the employee do anything to treat the illness/injury? If yes, what was done? Is this treatment continuing?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Was the absence attributed to difficulties at home? If yes, is the employee willing to discuss these? Please give details	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Do you foresee the possibility of absence for this reason recurring? If yes, give details	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Did the employee seek advice from their GP/other health consultant? If yes, are they prepared to discuss the advice	Yes <input type="checkbox"/> No <input type="checkbox"/>

	with a member of the management? (NB notes of any such discussions will be kept on the employee's personnel file)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	Is further medical treatment required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	Does the employee seem fit to return to work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13.	Has the self-certification form been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14.	If absence lasted for more than 7 days, was a sick note provided covering the whole period of the absence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15.	Is further action required in any respect? If yes, give details (If further action involves asking employee for consent to gain access to medical reports, consent must be specifically obtained using appropriate forms)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date for review when action should be taken by			

Signed _____ Date _____
Name of Interviewer _____
I consent to the sensitive personal information set out in this form being obtained and recorded by the Company in connection with my employment
Signed _____ Date _____
Name of Employee _____
Total number of days absent from work in last 12 months _____