



RETURN TO WORK INTERVIEW FORM

Name: Amanda Guler Branch/Department: BD

Position: Implementation Reason for Absence: Hip replacement.

First day of absence: 8<sup>th</sup> Feb 21 Date of return: 6/4/21.

Line Manager: Tracy Wood Date of Interview: 7/4/21.

Was the absence reported: yes

What medical advice was sought, what advice or medication was given: Consultant -

Is there a possibility of a re-occurrence: Hopefully not.

What do you think caused your illness: wear + tear.

Do you feel you are ready to return to work: yes.

Is there anything that could be causing stress (home/work)?: N/A.

What can be done in the work place to help your recovery: Discussed phrase.  
return - Amanda to review.

Any other comments:

Comments and suggested future action:

Interviewer Name: \_\_\_\_\_ Signature: Tracy Wood

Signature: of Employee: \_\_\_\_\_ Date: 7/4/21.