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001	Added Amendment Page		N/A		N/A	06/12/2022	Simon Young		
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002	Multiple changes to form		N/A		N/A	16/01/2025	Malcolm Coates		

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Name o Employ						Role						
Date of	Birth					Department						
Location												
Employ Manage	mployees lanager				Location (If different)							
Nature	of Injury, I	liness or Cond	ition That R	Rendered the Perso	on Unfit	for Work						
Period of Absence from Work Has a Fit Note Been				Been Ot	otained from	The Doctor?		Yes		No		
Is Occupational Health Advice required?							Yes		No			
If 'Yes' state the advice given (Continue on the Back if Needed):												
Proposed Working Hours (Using 24-hour Clock) From				From			То					
Is the Employee Taking Any Medication That Could Have Any Side Effects Affecting Their Work or day-to-day Activities or be a Safet Hazard?						a Safety						
List of t	the Prescr	ibed Medicatio	ทร (Continu	ie on the Back if N	leeded)							
Where the Employee Feels That Work Factors May Have Contributed to their Absence, Please Detail These Factors and Any Adjustments You Will Need to Make to Support the Employee												
Nature	of Work to	be Undertake	n		S	pecific Work	That Must N	ot be	Undertake	en		
Specific	: Hazards	/ Risks Identifi	ed		C	ontrol Meası	ures Required	t				
Does th	e Manage	r / Interviewer	Believe the	Employee is fit to	Return	to Work?			Yes		No	
Any furt	her comme	ents (Continue c	on the Back i	f Needed):								
Agreed	Risk Asse	essment Revie	w Date									
		Prepared and										
Name			Position			Signature				Date		
I Have E	Been Brief	ed on This Ris	k Assessm	ent:	<u> </u>							
Name			Position			Signature				Date		



Continued, is Occupational Health Advice Required?
If 'Yes' state the advice given:
Continued, Is the Employee Taking Any Medication That Could Have Any Side Effects Affecting Their Work or day-to-day Activities or be a Safety Hazard?
Continued, List of the Prescribed Medications
Continued, Where the Employee Feels That Work Factors May Have Contributed to Their Absence, Please Detail What Has Been Agreed in Order to Support the Employee
Continued, Nature of Work to be Undertaken
Continued, Specific Work That Must Not be Undertaken
Continued, Specific Hazards / Risks Identified
Continued, Control Measures Required