

<div>J&E Hall International</div>					
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Title:	HSQE Advisor	Title:	HSQE Manager		
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First Issue					
001	Added Amendment Page	N/A	N/A	06/12/2022	Simon Young
	Reviewed- no changes	N/A	N/A	12/08/2024	Malcolm Coates
002	Multiple changes to form	N/A	N/A	16/01/2025	Malcolm Coates

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Name of Employee				Role			
Date of Birth				Department			
Location							
Employees Manager				Location (If different)			
Nature of Injury, Illness or Condition That Rendered the Person Unfit For Work							
Period of Absence from Work		Has a Fit Note Been Obtained 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		To	
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?							
List of the Prescribed Medications (Continue on the Back if Needed)							
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 Undertaken				Specific Work That Must Not be Undertaken			
Specific Hazards / Risks Identified				Control Measures Required			
Does the Manager / Interviewer Believe the Employee is fit to Return to Work?					Yes		No
Any further comments (Continue on the Back if Needed):							
Agreed Risk Assessment Review Date							
Risk Assessment Prepared and Brief By							
Name		Position		Signature		Date	
I Have Been Briefed on This Risk Assessment							
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**