CAERPHILLY COUNTY BOROUGH COUNCIL
SELF CERTIFICATION/RETURN TO WORK FORM

This form must be completed by all employees who are returning to work from a period of sickness absence. The dates should include Saturdays and Sundays if employees were rota'd to work on those days.

PERSONAL DETAILS

Name		**Employee Number**	
Directorate		**Date Sickness Commenced**	
Service Area		**Date Sickness Ended**	
Section/ Establishment /School		**Date Returned to Work**	

REASON FOR ABSENCE

Reason for absence (Please specify exact details of illness, statements such as unwell, sick are not acceptable)		
Did you visit a Doctor/Hospital as a result of your illness?	**Yes** ☐	**No** ☐
Is the absence related to a disability? If Yes, please give details.	**Yes** ☐	**No** ☐
Have you got any follow up appointments planned? If Yes, please give details.	**Yes** ☐	**No** ☐
Are you taking any medication, which is likely to affect you whilst at work? If Yes, please give details.	**Yes** ☐	**No** ☐

Was your absence caused by any work related activity? If Yes, please give details.	**Yes** ☐	**No** ☐

RETURN TO WORK HEALTH DECLARATION

I am fully recovered from my illness and able to carry out all my normal duties.	**Yes** ☐	**No** ☐
Do you have a current Fit Note? If Yes, please provide the date that the Fit Note is due to expire? ……/…../……..	**Yes** ☐	**No** ☐
Have you been advised to refrain from any duties? **If Yes, are these included on the Fit Note.** **If No, please give details.**	**Yes** ☐ **Yes** ☐	**No** ☐ **No** ☐
Are there any changes to your work or assistance requested that will prevent further absences of this nature? If Yes, please give details.	**Yes** ☐	**No** ☐

I declare the information given on this form is correct and I understand that disciplinary action will be taken if it is found that any of the information is false.

Signed:		**Date:**	

Comments by Supervisor/Manager

Did the employee follow the correct notification procedure? If No, please give details.	**Yes** ☐	**No** ☐

Comments

Signed by Supervisor/ Manager:		**Date:**	