

BACK TO WORK FORM

Location of Work: _____

Employee Full Name: _____

Employee Details:

Job Title: _____

Department: _____

Supervisor: _____

Medical Clearance:

I confirm I have been medically cleared to return to work without restrictions, and I am fit to perform my duties safely and effectively. I will notify my employer immediately if my condition changes or if I experience symptoms that affect my ability to work safely.

Work Restrictions and Adjustments:

Please specify any work restrictions, accommodations, or adjustments required to facilitate your safe return to work. If none, state 'None'.

Employee Declaration:

I declare that the information provided above is true and accurate. I understand that providing false or misleading information may lead to disciplinary action. I agree to comply with all health and safety policies and procedures upon my return.

Employer Acknowledgment:

The employer acknowledges receipt of this Back to Work Form and agrees to make reasonable accommodations as required by law. The employer has reviewed the employee's medical clearance and work restrictions (if any) and will take all necessary steps to ensure a safe working environment.

Confidentiality:

All medical and personal information provided in this form will be treated confidentially and in accordance with the UK Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR). Information will only be shared with relevant personnel involved in the return-to-work process.

Legal Compliance and Governing Law:

This form and the employment relationship are governed by the laws of England and Wales. Any disputes arising from this form shall be subject to the exclusive jurisdiction of the courts of England and Wales.

EMPLOYEE SIGNATURE

EMPLOYER SIGNATURE

Signature: _____

Signature: _____

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