

LONG TERM SICKNESS INTERVIEW RECORD

(To be completed at first meeting and updated as necessary)

EMPLOYEE'S FULL NAME:	DATE OF BIRTH: / /
DIRECTORATE:	
JOB TITLE/GRADE:	
DEPARTMENT/WARD:	
HOME ADDRESS:	
G.P.'S NAME AND ADDRESS:	
REASONS FOR ABSENCE (ON MEDICAL CERTIFICATE) & CURRENT STATE OF HEALTH:	
CONSULTANT'S NAME AND SPECIALTY:	
DATE OF FIRST DAY OF ABSENCE:	
DATE OF EXPIRY OF FULL PAY:	
DATE OF EXPIRY OF HALF PAY:	
IN RECEIPT OF TIA	YES/NO DATE:
PENSIONABLE:	YES/NO
TWO YEARS QUALIFYING SERVICE:	YES/NO
REFERRED TO OCCUPATIONAL HEALTH:	YES/NO DATE ATTENDED:
RECOMMENDATIONS FROM OCC HEALTH:	
FOLLOW UP APPOINTMENT REQUIRED? ARRANGED?	YES/NO
REQUESTED QUOTES AND AW33E FORM FOR ILL HEALTH/AGE RETIREMENT:	
YES/NO DATE:	
REDEPLOYMENT TO BE SOUGHT:	YES/NO
TYPES OF SUITABLE WORK:	

