

Return to work arrangements

Date:

Details

These return to work arrangements are for:

Name of worker:

Claim number:

Medical restrictions

Describe the restrictions on the most recent Certificate of Capacity

Medical restrictions:

Return to work arrangements

Describe the specific duties and tasks to be performed

Duties to be undertaken:

Hours of work

It is recommended that reduced hours are gradually increased, where possible

Week 1	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Week 2	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Week 3	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total

Start date:

Review date:

Endorsement:

Doctor: These return-to-work arrangements are medically suitable

Coordinator: I will coordinate these return-to-work arrangements

Worker: I will participate in these return to work arrangements