

OCCUPATIONAL HEALTH RETURN TO WORK FORM

Emp_Name *

Employee number

Wing *

Call Out Date *

Symptoms

- Conjunctivitis
- Diarrhea
- Fever > 38.0 (100.8)
- Fever blister
- Generalized rash
- Jaundice
- Nausea/Vomitting

Other (symptoms)

Next Scheduled Work Date

Follow up attempt_1 12 AM 00

Comments_1

Follow up attempt_2 12 AM 00

Comments_2

Follow up attempt_3 12 AM 00

Comments_3

OH Assessment

Additional comments

Approved return to work date

Actual return to work