|  |  |
| --- | --- |
| **Name of person reporting illness:** |  |
| **Colleague / agency / visitor/ contractor:** |  |
| **Job role / company details:** |  |
| **Reported to:** |  |

|  |
| --- |
| **Detail symptoms:** |
|  |

|  |
| --- |
| **Review details and corrective action taken:** |
|  |

|  |
| --- |
| **Follow up again required:** |
|  |

|  |  |
| --- | --- |
| **Conclusion and sign off:** | |
|  | |
| **Sign off by colleague:** |  |
| **Sign off by manager:** |  |
| **Date:** |  |

**To be completed after the colleague returns to work:**

|  |  |
| --- | --- |
| **Return to work date:** |  |
| **First day of absence:** |  |
| **Return to work date:** |  |
| **Number of days absent:** |  |

|  |
| --- |
| **Details of absence, visit to doctor, etc.** |
|  |

## **Document Control**

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| --- | --- |
| **Document name:** | **Illness reporting and return to work form** |
| **Document reference:** | **CPU.FS.F.019.01** |
| **Date of 1st Issue:** | **19 August 2024** |
| **Author:** | **Food Safety** |
| **Version number:** | **1** |

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| --- | --- | --- |
| **Revision record** | | |
| **Issued date of revision** | **Version** | **Details of revision** |
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