



**Falcon Foodservice Equipment**  
**Return to Work - Absence Statement**

<b>Name:</b>	<b>Employee No:</b>	<b>Date:</b>
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**Home Sick: If Applicable**

<b>Day:</b>	<b>Date:</b>
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**First Day Absent:**

<b>Day:</b>	<b>Date:</b>
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**Last Day Absent:**

<b>Day:</b>	<b>Date:</b>
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**Details of illness/Injury:**

**(Is the absence work related Yes/No)**

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**Doctor/Hospital consulted**

**Yes/No (if yes please add details)**

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**Is the illness/injury a recurring problem? Yes/ No**

**Is OH Referral Necessary? Yes/No**

<b>Comments:</b>
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**Employees Signature:\_\_\_\_\_ Date:\_\_\_\_\_**

**Managers Signature:\_\_\_\_\_ Date:\_\_\_\_\_**

**Please advise your Manager if you would like a copy of this statement?**