

**Staff Illness and Return to Work Record**  
(Confidential)

Illness Record								Return to Work Record			
Date Illness Reported	Time Reported	Staff Name	Staff Role	Type of Illness (eg Vomiting)	Action Taken (eg Stay Home, Assigned to Other Duties)	Doctor's Certificate Sighted (Y/N)	Signature	Doctor's Clearance Certificate Sighted (Y/N)	Date and Time of Last Symptoms	First Date Cleared to Return to Work	Signature
10/10/2018	xx:xx	Jane Doe	Grader	Vomiting	Stay home	Y	Joe Blogs	Y	11/10/2018 - 10pm	13/10/2018	Joe Blogs

Date Verified:		Verified By:		Role:	
----------------	--	--------------	--	-------	--