

Return to work declaration

My work schedule

I can experience extreme fatigue

To support me it would be helpful to have: an example of this could be a phased return to work, to finish work earlier, to have an hour of quiet working with no interruptions, to have meetings timetabled throughout the working week.

My work space

To support me it would be helpful to have: an example of this could be a quiet environment, working alone or as part of a team, high/low or rise/fall desk, regular breaks with/without separate space/area.

My Stroke has impacted on:

To support me it would be helpful to have:

I would like to request an Occupational Health assessment: Yes No

Review time scale: _____
An example of this could be: every 2 weeks

Items identified above to be reviewed on: _____
Write a date for the next review of this plan