

# Return to Work Program

Employee Details	
Name:	
Job title:	
Work location:	
Injury/Illness:	

Key Parties Contact Details	
Accountable Manager:	
Supervisor:	
Injury Management Coordinator:	
Insurer:	
Claims Manager:	

Medical Details	
General Practitioner: Address:	
Specialist: Address:	
Occupational Physician: Address:	
Allied Health Professional: Address:	

Return to Work Program Details		
Rehabilitation Goal:		Estimated Go