ReturnWell
Workplace Assessment

SAMPLE REPORT. This is an illustrative example, written with fictional details to show the type and quality of report employers receive. It is not a real employee's report or a client case.

Assessment Report

RETURN-TO-WORK ASSESSMENT

CASE REFERENCE
SAMPLE

DATE OF ASSESSMENT
3 July 2026

DATE OF REPORT
5 November 2026

EMPLOYEE REFERENCE
Employee A

EMPLOYEE ROLE
Marketing Manager

ORGANISATION
Example Organisation Ltd

OCCUPATIONAL THERAPIST
Sample clinician (illustrative)

HCPC REGISTRATION
—

SAMPLE

PURPOSE OF THIS REPORT

This report provides an independent clinical opinion based on the information available at the time of assessment. It is intended to help the employer and employee understand the impact of health on work and identify practical workplace adjustments where appropriate.

This report does not constitute HR, legal or employment advice and should not be relied upon in isolation when making employment decisions. Return Well and the assessing clinician make no recommendation regarding disciplinary action, capability procedures, dismissal or any other employment outcome. Employment decisions remain the responsibility of the employer, who should consider all available evidence and obtain independent HR or legal advice where appropriate.

CONFIDENTIALITY NOTICE

This report has been prepared solely for the named organisation and is confidential. It contains occupational health information and must be handled in accordance with UK GDPR, the Data Protection Act 2018, and applicable health and safety legislation. It must not be shared with third parties without the consent of the employee and the commissioning organisation.

Reason for Referral

INFORMATION PROVIDED BY THE EMPLOYER

Employer's concerns
The employee has been absent for six weeks with work-related stress. We would like to understand whether they are fit to return, what adjustments might help, and how to support a sustainable return to work.

Desired outcomes
A clear, practical set of recommendations we can put in place, and a realistic timeframe for a return to full duties.

Absence Background

INFORMATION PROVIDED BY THE EMPLOYER

Duration	6 weeks
Category	Work-related stress
Fit note	Issued

Reason as reported by employer
Signed off by GP with work-related stress and low mood following a sustained period of high workload.

Risk Considerations (referral)

INFORMATION PROVIDED BY THE EMPLOYER

Risk to self	**Yes**
Risk to others	**No**
Safety-critical role	**No**
Recent crisis	**No**

Known triggers
High workload with competing deadlines; large group presentations; limited manager availability during busy periods.

Consent & Methodology

Consent confirmed	**Yes — employee gave informed consent**
Assessment method	Remote video assessment (Whereby)

ADDITIONAL CONTEXT
The employee gave informed consent to the assessment and to a report being shared with their employer. They confirmed they understood the purpose of the assessment and had the opportunity to ask questions beforehand.

SAMPLE

Evidence Considered

- Employer referral information
- Employee interview
- Functional assessment
- Medical information supplied (if any)
- Fit note (if provided)
- Other documentation reviewed

Sources available in this case

- Interview with employee
- Referral information provided by employer
- Fit note / medical certificate
- Job description or role information

This report is based on the information available at the time of assessment. No independent verification of factual information has been undertaken unless specifically stated.

Where the employer's and the employee's accounts differ, each is recorded as reported. The purpose of this assessment is not to determine disputed facts but to assess the functional impact of health on work based on the information available.

Medical Background / History

CLINICAL SUMMARY · WORK-RELEVANT HISTORY ONLY

The employee describes a first episode of work-related stress and low mood, which began around four months ago and led to the current absence. They report a similar but shorter period of difficulty around three years ago, during a previous restructure, which resolved without formal treatment or time off.

No other health conditions were raised as affecting their ability to carry out this role, and none are recorded here.

Only history relevant to the current work situation is recorded here. Conditions and past medical history that do not bear on this individual's ability to carry out their role have been deliberately omitted, and their absence should not be read as their absence from the individual's medical record.

Current Presentation

CLINICAL OBSERVATIONS · INFORMATION AS REPORTED BY THE EMPLOYEE

Functional presentation

Employee A presented as engaged and reflective throughout the assessment. They described a period of sustained work-related stress that built up over several months, accompanied by disrupted sleep, reduced concentration and low mood.

They reported that symptoms have begun to stabilise over the past three weeks following a change in workload and the start of talking therapy.

Impact on work capacity

At the height of their difficulties the employee found it hard to prioritise tasks, felt overwhelmed by their inbox and avoided meetings. They report that these difficulties are now improving but that a sudden return to full duties would likely trigger a relapse.

SAMPLE

Duration and effect on day-to-day activities

Symptoms have been present for approximately four months and, on the employee's account, were preceded by a shorter episode around three years ago which resolved. A return to baseline within the next few months appears likely with continued treatment, though a further episode cannot be excluded.

Outside work, the employee describes disturbed sleep three or four nights a week, reduced concentration when reading, and withdrawal from social arrangements they would previously have kept. Household tasks and personal care are unaffected. Whether this meets any legal definition is not a clinical question and no view is offered on it.

Current treatment and support

The employee is six sessions into a course of CBT arranged through their GP and finds it helpful. They are not currently taking medication. They have a supportive GP who is monitoring their progress.

Work Capacity Assessment

CLINICAL OBSERVATIONS · FUNCTIONAL IMPACT

OVERALL CAPACITY

Can perform role with modifications

Physical demands

No physical limitations identified. The role is primarily desk-based and the employee reports no physical barriers to carrying out their duties.

Cognitive demands

Concentration and short-term memory were mildly affected at the peak of symptoms but are recovering. The employee would benefit from a temporary reduction in cognitively demanding tasks and protected focus time while they rebuild capacity.

Social and emotional demands

The employee copes well in one-to-one interactions. Large group settings and high-pressure client calls currently increase anxiety; a graded reintroduction to these is recommended.

Fitness for Work Opinion

CLINICAL OPINION

OPINION

Fit for work with adjustments

In our opinion the employee is currently fit to carry out their role provided the adjustments set out in this report are in place.

This is advice to inform an employment decision, not a determination of it.

Clinical rationale

In my opinion the employee is fit to return to work with the adjustments set out below. A structured, supported return is likely to be more sustainable than a delayed full return. The adjustments are intended to be temporary and reviewed as the employee's capacity improves.

SAMPLE

Expected return date	**20 July 2026**
Confidence level	Moderate — some uncertainty remains

Recommendations & Workplace Adjustments

RECOMMENDATIONS FOR THE EMPLOYER'S CONSIDERATION

The following are clinical suggestions offered for the employer's consideration. They are not instructions. What is reasonable and practicable in any given workplace is a matter for the employer, subject to operational requirements and any independent HR or legal advice.

The following adjustments are recommended to support a safe and sustainable return. They are practical, time-limited and intended to be reviewed as the employee's capacity improves. None of the adjustments are expected to place a significant burden on the team.

Category	Adjustment	Timescale	Review by
Working hours / schedule	Temporary reduction to a phased schedule (see return-to-work plan), building back to full hours over four weeks.	Within 1 week	17 August 2026
RATIONALE Allows the employee to rebuild stamina and confidence without triggering a relapse. **REVIEW NOTES** Review whether the employee is ready to progress to full hours or needs the phase extended.			
Workload or task demands	Temporarily reduce concurrent projects to two priority pieces of work; defer non-urgent deadlines during the phased return.	Immediate	17 August 2026
RATIONALE Reduces cognitive load while concentration recovers and prevents the overwhelm that contributed to the absence.			
Communication and support	Weekly 1:1 check-in with the line manager focused on wellbeing and workload, separate from performance review.	Immediate	14 September 2026
RATIONALE Provides a regular, low-pressure opportunity to flag difficulties early and adjust support. **REVIEW NOTES** Consider reducing to fortnightly once the employee is established back in role.			
Working environment	Protected focus time (two hours each morning) with meetings scheduled in the afternoon where possible.	Within 2 weeks	14 September 2026
RATIONALE Supports concentration and gives the employee a predictable structure to the day.			

SAMPLE

Return-to-Work Plan

It would be reasonable to keep the phased return flexible. If the employee struggles at any stage, the employer may wish to repeat the current week rather than progress it. Basing progression on how the employee is coping, rather than on fixed dates, is likely to support a more sustainable return.

Week	Days/week	Hours/day	Duties / restrictions	Notes
1	3	5	Priority tasks only; no client-facing calls	Line manager to agree the two priority tasks at the start of the week.
2	3	6	Priority tasks; reintroduce internal meetings	
3	4	7	Add one client call with support	Debrief with manager after the first client call.
4	5	7.5	Return to substantive duties	Review at end of week 4 before confirming full hours.

Prognosis & Review

CLINICAL OPINION

Subject to implementation of the recommended adjustments and continued engagement with treatment, the prognosis for a sustained return to full duties appears favourable. The employee is motivated to return and is already showing improvement. Without adjustments, there would in my opinion be a moderate risk of relapse and a longer, less predictable absence.

REVIEW RECOMMENDED

Recommended review date: 14 September 2026

A brief review at eight weeks is recommended to confirm the adjustments can be stepped down and the return has been sustained.

Any prognosis given here is an estimate based on the information available at the time of assessment. It is not a guarantee of outcome, and it assumes the recommended adjustments are implemented and that the employee remains engaged with any treatment or support in place.

Assumptions and Limitations

- This assessment reflects the employee's presentation on the date of assessment only.
- Conclusions are based upon the information available during the assessment.
- Additional information may alter the clinical opinion.
- This is not a diagnostic medical assessment.
- No treatment has been provided.
- The assessment should be read in full and not relied upon in isolation.

Scope and Limitations

WHAT THIS REPORT IS

This is an independent, work-focused assessment carried out by a registered clinician at the request of the commissioning party. It considers the individual's health only insofar as it affects their ability to carry out their role, and is based on the information available at the time of the assessment — including the account given by the individual, the referral information provided, and any documents supplied. It reflects the individual's presentation on the date of assessment and may not remain accurate if their circumstances or health change.

WHAT THIS REPORT IS NOT

This is not a diagnosis and not a course of treatment. It is not a Med 3 statement of fitness for work (a “fit note”), which only a registered medical practitioner may issue, and it has no effect on Statutory Sick Pay or any related entitlement. It does not replace advice from a GP, treating clinician or specialist. It is not a medico-legal or expert witness report and has not been prepared to the standards required for litigation. No physical examination has been carried out unless expressly stated. Where the individual has declined to provide information, that limitation is noted in the relevant section.

The recommendations in this report are advisory. They are intended to inform the employer's decision-making, not to determine it, and responsibility for any employment decision — including decisions about capability, adjustments, redeployment or dismissal — remains with the employer, who should take their own HR and legal advice. This report is confidential to the commissioning party and the individual assessed, and should not be distributed further without consent.

Professional Declaration

DECLARATION

I confirm that this report accurately represents my professional assessment, conducted in accordance with the standards of practice and ethical code of my UK regulatory body. I am a registered occupational therapist and have acted independently and objectively in preparing this report.

I confirm this opinion has been reached independently and objectively, without influence from either the employer or employee. My overriding professional duty is to provide an impartial, evidence-based clinical opinion in accordance with the standards of my professional regulator.

Recommendations should be considered alongside organisational requirements and any independent HR or legal advice.

Occupational Therapist	**Sample clinician (illustrative)**
HCPC Registration	—
Date	5 July 2026

Report Limitations

- Independent clinical opinion only.
- Not HR advice.
- Not legal advice.
- Not intended to determine capability, misconduct or dismissal.
- Should not be relied upon in isolation for employment decisions.
- Valid only on the information available at the date of assessment.

Return Well provides independent clinical workplace assessments. The assessing clinician provides an independent clinical opinion. Return Well does not determine employment outcomes, and nothing in this report should be read as doing so.

SAMPLE