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| **INSERT YOUR LOGO HERE** |

**CHECKLIST/ INVESTIGATION: MEDICAL INCAPACITY**

|  |  |
| --- | --- |
| Employee Name | Manager’s Name |
| Position | Manager’s Position |
| Employee Number |  |
| Department | Date |

**YOU ARE HEREBY NOTIFIED TO ATTEND AN INVESTIGATION ON:**

DATE: ...............................................   
TIME: ...............................................   
VENUE: ...............................................

**CHECKLIST**

# A. Initial interview

**(Only manager/supervisor and the employee are present)**

**Tick/Comment**

**1. Inform the employee that it appears that the employee has an injury or medical condition that is affecting his/her ability to do the job. (The interview may be as a consequence of a medical certificate, poor performance, extended absenteeism or an accident.)**

**2. Explain to the employee that you intend investigating the extent to which the employee's ill health or injury is affecting his/her ability to do the job, as well as what can be done in this regard. Obtain the employee’s input and keep a record of what was discussed.**

**3. Where the employee is incapable of working, explain that pending the outcome of the investigation, the employee is entitled to sick leave. Once the available sick leave has been exhausted, the available annual leave entitlement will be exhausted, after which the employee will be on unpaid leave.**

**4. If it is clear to what extent the employee's work performance is adversely affected and it is if it clear whether it would be temporary or permanent, fix a date with the employee for the investigation.**

**Advise the employee that at the investigation-**

**4.1 he/she will be entitled to be represented by a fellow employee or trade union representative;**

**4.2 he/she will be given the opportunity to make representations regarding his/her medical Condition and continued employment.**

**(Proceed to point C below.)**

**5. If it is not certain whether:**

**- the employee's work performance is affected by medical incapacity or something else; or**

**- the cause of the problem; or**

**- to what extent the employee is incapacitated; or**

**- whether the incapacity is temporary or permanent, advise the employee that he/she is required to undergo a medical examination (or further medical examination) by a medical practitioner nominated by the employer and that the report would remain confidential.**

**6. If the employee refuses to agree to a medical examination,, inform the employee that no proper assessment can be made of the problem if this information is not available. It would therefore be difficult to assist the employee. If the employee persists with his/her refusal, fix a date for the investigation and advise the employee in accordance with points 4.1 and 4.2 above. Adjourn the meeting. (Proceed to point C below.)**

**7. If the employee agrees to undergo a medical examination, request the employee to sign the relevant consent form (Form 3.2)**

**8. Advise the employee that he/she will be informed of a future date on which an investigation will take place regarding his/her incapacity. Adjourn the meeting.**

**9. Arrange for the employee to see the medical practitioner and for the medical practitioner to provide a report that contains the information referred to in the consent form.**

# B. Follow-up interview (where applicable)

**(Only manager/supervisor and the employee are present)**

**10. Upon receipt of a medical report, call the employee in and explain the contents of the medical report. Ask the employee if he/she accepts the contents of the medical report.**

**11. If the employee rejects the medical report, the employee should be given a reasonable opportunity to undergo a medical examination by a practitioner of his/her choice at the employee's own expense. If the employee fails to produce a report by the date of the investigation, the investigation will continue without such report.**

**12. Irrespective of whether or not the employee accepts the medical report, a date must be fixed for the investigation into the consequences of his/her incapacity.**

**Advise the employee that at the investigation –**

**12.1 he/she will be entitled to be represented by a fellow employee or trade union representative;**

**12.2 he/she will be given the opportunity to make representations regarding his/her medical condition and continued employment.**

# C. Investigation

**(The following may be present: Manager/supervisor; employee/representative; medical practitioner, if necessary)**

**An important distinction to make is whether the employee's condition is temporary or permanent. If permanent, proceed to point 20 below. If temporary, proceed to next point (13).**

# Temporary incapacity

**13. Establish the likely date of the employee's return (if this is not apparent from the medical report).**

**14. If the period of absence would be unreasonably long, consider alternatives to dismissal. In particular, give consideration to:**

**- the nature of the job;**

**- the period of absence;**

**- the seriousness of the absence or injury;**

**- the possibility of a temporary replacement.**

**15. Discuss these issues with the employee and ask the employee for his/her suggestions. Employee suggestions:**

**........................................................................................ ........................................................................................ ........................................................................................ ........................................................................................ ........................................................................................ ........................................................................................ ........................................................................................ ........................................................................................ ........................................................................................**

**16. Adjourn to consider the options. Record the decision and the reasons for the decision:**

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**17. Convey the decision and the reasons to the employee.**

**18. Inform the employee of the date on which the decision will become effective.**

**19. If the decision is dismissal, provide the employee with a notice to this effect. (See From 3.4)**

# Permanent incapacity

**20. Before discussing this with the employee, give consideration to:**

**- the extent to which the employee is able to do the work;**

**- adapting the employee's work circumstances to accommodate disability;**

**- adapting the duties to accommodate the employee's disability;**

**- possible alternative work; and**

**- any other ways in which the employee could possibly be accommodated.**

**(Note: If the injury or illness is work-related, there is a more onerous duty on the employer to accommodate the employee.)**

**21. Explain to the employee that, due to the fact that he/she is permanently incapacitated, the affect of this on his/her future employment must be considered.**

**22. Discuss the issues you have considered under point 20 and give the employee the opportunity to make further suggestions:**

**........................................................................................ ........................................................................................ ........................................................................................ ........................................................................................ ........................................................................................**

**NOTIFICATION ISSUED BY:**

INITIALS & SURNAME: ..........................................  
  
DESIGNATION: ..........................................

SIGNATURE : ..........................................  
  
DATE: ..........................................

ACKNOWLEDGEMENT OF RECEIPT

**EMPLOYEE**

 I, the undersigned, hereby acknowledge receipt of the Notification to Attend an Investigation issued to me on this day. I further acknowledge that the contents of this Notification has been read and explained to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_         \_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE                                         DATE

ACKNOWLEDGEMENT OF RECEIPT

**WITNESS**

I, the undersigned, hereby acknowledge that the Notification to Attend an Investigation was issued to ………………………. on this day. I further acknowledge that the contents of this Notification has been read and explained to him/her.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_             \_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE                                         DATE