



Employee:
Date:
Participants:
Topic of the occupational health meeting / current situation:
Employee's own view of their current work and ability to cope at work:



Supervisor's view of the situation:

Occupational health care's assessment of work ability and possible limitations:

Agreed actions, schedule and persons responsible:



Follow-up and schedule:

Place and time:

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Occupational Health Physician

Distribution: