



### **Injury at Work – Resumption of Duty Form (Appendix D)**

As per Standard Operating Procedure within the Directorates for Education, this form is to be submitted to the MEDE Injury Board via email at [injuryboard.mede@gov.mt](mailto:injuryboard.mede@gov.mt) upon resumption of duty following a case of injury on duty.

|                        |  |
|------------------------|--|
| Name of School/Section |  |
|------------------------|--|

|                         |  |
|-------------------------|--|
| Name of Injured Officer |  |
|-------------------------|--|

|                                |  |
|--------------------------------|--|
| ID Card No. of Injured Officer |  |
|--------------------------------|--|

|                          |  |
|--------------------------|--|
| Grade of Injured Officer |  |
|--------------------------|--|

|  |  |
|--|--|
| Period of sick leave (excluding day of injury) |  |
|--|--|

|                                  |  |
|----------------------------------|--|
| Date when officer resumed duties |  |
|----------------------------------|--|

|  |  |
|--|--|
| Name and grade of officer completing this form |  |
|--|--|

|   |  |
|---|--|
| Date when this form is completed and submitted to<br><a href="mailto:injuryboard.mede@gov.mt">injuryboard.mede@gov.mt</a> |  |
|---|--|

*Disclaimer: Personal Information provided in this form is protected and will only be used in accordance with the provisions of the Data Protection Act.*