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

In accordance with the applicable Standard Operating Procedure adopted by this Ministry, this form is to be completed and submitted to the MES Injury Board via email at injuryboard.mes@gov.mt immediately upon resumption of duty of the officer 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 injuryboard.mes@gov.mt	

Please attach supporting documentation, as necessary.

_____ Rubber stamp

Signature

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