Section 1: Personal Particulars

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| Name (in full): |
| Organisation (Company / Government Body / Association etc.): |
| Designation: |
| Email Address: |
| Tel (Office): | Tel (Mobile): | Fax: |

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2. This form, along with any supporting document(s), should be submitted to the Workplace Safety and Health Council at:

 Email: contact@wshc.sg

3. The Workplace Safety and Health Council reserves the right to accept or decline any suggestion made in the comments proposed by the commenter.

Section 2: Details and Commentary

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| Title of Guidelines: Return-To-Work |
| Page & Paragraph No. | Subject | Comment |
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