SELF CERTIFICATE OF SICKNESS FORM

This form must be completed for any sickness absence of up to 7 calendar days in a row, including weekends and/or bank holidays. Absence lasting 8 calendar days or more require you to submit a Fit Note (fitness to work certificate).

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| **Surname** |  | **First Name** |  |
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| **Payroll Number** |  |  |  |
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| **About Your Sickness** | |  | | |
| **Date you became unfit for work** | |  | | |
| **Date fit for work** | |  | | |
| **Reasons for absence** | | | | |
| **Notification made to (name)** |  | | **Date** |  |
|  |  | |  |  |

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| **Have you consulted a GP or visited a hospital?** | Yes / No |
| **Have you been prescribed medication?** | Yes / No |
| **Were you issued with Fitness to Work Certificate?** | Yes / No |
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| **Was the absence a result of an accident at work or as a result of industrial disease?** | Yes / No |
| **If yes, please give details** | |
| **Have you reported the accident?** | Yes / No |
| **Please provide any additional information** | |
| **Was the absence as a result of an accident outside work?** | Yes / No |
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| **I declare that the information given is correct. I understand that giving false information could result in the loss of sick pay benefits and/or disciplinary action and/or action by the Department of Work and Pensions** | |
| **Employee’s Signature** |  |
| **Date** |  |
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