

## Sickness absence self-certification form

Date from \_\_\_\_\_

Date to \_\_\_\_\_

Please note that this form should be:-

- Used for absences due to personal sickness or injury only
- Completed for all sickness absences of 7 consecutive days or less, immediately upon your return to work. Medical certificates are required for sickness absences in excess of 7 days (inclusive of weekends).
- Given to your manager.

### Employee details

Name of employee \_\_\_\_\_

Payroll No \_\_\_\_\_

Department \_\_\_\_\_

Location \_\_\_\_\_

Home telephone \_\_\_\_\_

Mobile phone \_\_\_\_\_

Nature of illness or injury  
(describe symptoms or injury)

Have you consulted your Doctor or been to hospital Yes  No   
(if 'Yes' give the name, address and telephone of Doctor/Hospital below)

Doctor/Hospital name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Is the absence because of a reason that is work related? Yes  No

(if as a result of an injury at work you should complete the Accident Report Book)

Is the absence because of a disability? Yes  No

**I declare that the above information statement is true and complete. I understand that making an inaccurate, misleading or false statement may result in loss of sick pay and/or disciplinary action being taken. I consent to you approaching my doctor/hospital to confirm the above details.**

Signed by employee: \_\_\_\_\_

Date: \_\_\_\_\_

**I have discussed this form with the employee and completed a Back to Work meeting.**

Signature of manager: \_\_\_\_\_

Date: \_\_\_\_\_

Is the absence to be paid? Yes  No

### Note: Where sickness absences are frequent or lengthy:

- We may request you to undergo an independent medical examination
- We may ask you to allow us to obtain a medical report from your doctor, in which case you will be entitled to see a copy of any report prior to it being received by us or be referred to Occupational Health