

**SELF CERTIFICATION OF SICKNESS ABSENCE FORM**

You are required by your Conditions of Service to complete this certificate to cover your absence from work due to sickness or injury (including third party claim from your first day of absence).

<b>Part 1 – to be completed by the employee</b>	
<b>Name (in full):</b> _____	<b>Job Title:</b> _____
<b>Home Address:</b> _____	
<b>Department:</b> _____	<b>Clinical Board:</b> _____
<b>Location:</b> _____	<b>Employee No.</b> _____
<b>Part 2 - to be completed by the employee</b>	
<b>First actual day of *sickness/injury:</b> (Including non-working days) _____	
<b>Reason for absence:</b> (give a broad indication of nature of sickness/injury. This is not intended as a medical diagnosis (if third party claim e.g. Road Traffic Accident, please indicate) _____	
<b><i>NB: if absence continues after 7 calendar days a Fit note will be required</i></b>	
<b>Did you attend?</b> *Your Doctor/Hospital/Other appropriate Practitioner/ Did not seek medical advice	
<b>Record details of advice received</b> _____	
<b>Do you consider the absence to be work related? If so why?:</b>	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
<b>Did you complete a Datix form?</b>	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
<b>Is this absence related to a disability?</b>	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
<b>Last day of *sickness/injury</b> (include all days absent even if they are not your normal working days) _____	
<b>Date of actual return to work:</b> _____	
<b>Details of any Health Condition / Disability that may link to this episode</b> _____	

**Declaration (to be signed by employee)**

**I confirm that: -**

- a) **I have not worked or taken part in any activity not consistent with the reasons given for my absence.**
- b) **I am now fit to return to duty**
- c) **I am now fit to return to duty with tailored adjustment (See form for details)**

I declare that the above statement is true and accurate to the best of my knowledge. The implications of wilfully giving false information are governed by Agenda for Change Terms & Conditions of Service and I understand that by giving false information it may disqualify me from payment and will be regarded as a serious disciplinary offence.

**Signature:** \_\_\_\_\_

**Date:**

**Part 3 – to be completed by the manager**

I confirm that the absence is in accordance with the sickness regulations and that the above information is correct:

**Signature:** \_\_\_\_\_

**Job Title:**

**Print Name:** \_\_\_\_\_

**Date:**

\* delete as appropriate