

Appendix B

Sickness Self-Certification Absence

This form should be completed by the employee on your return to work following any period of sickness. If you are returning to work after a period of sickness of more than 7 calendar days a medical certificate or certificates should already have been provided to cover the period of absence more than these first seven days.

Personal Details			
Name	Forename(s):		
	Surname:		
Dates of Sickness (including non-working days)			
These dates may include when you attended work but still felt unwell.			
Start Date	Date:	End Date	Date:
	Time:		Time:
Dates of Absence			
Start Date	Date:	End Date	Date:
	Time:		Time:
Details of Sickness Injury			
Did you consult a doctor			
YES NO			
If YES please give details of: Doctor's name, address, date of visit, treatment received and any current treatment. If NO, please state why not:			
Declaration (please read this carefully before signing this form)			
I certify that I was incapable of work because of my sickness/injury on the dates shown above and that this information is true and accurate.			
I acknowledge that false information will result in disciplinary action.			
I hereby give my employer permission to verify the above information.			
Employee Signature:			Date: