

Self Certification of Sickness Form

Please complete this form following a period of absence and give it to your Employer.

Personal Details

Surname	
First Name	
National Insurance Number	
Job Title	
Date of Birth	

About your absence

Please give brief details of your sickness/absence	
What date did your sickness/absence begin	/ /
What date did your absence end <i>If you do not know when your sickness/absence will end, leave this box blank</i>	/ /

- The dates you put in these 2 boxes may be days you do not normally work.
- If you are sick for more than 7 days, you are required to provide a medical certificate/sick note from you doctor.

Was your sickness caused by an accident at work or an industrial disease	Yes		No	
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I declare that the information I have given is correct and understand that any attempt to give false information could lead to disqualification from sick pay entitlement, and disciplinary action could be taken.

Your signature _____ Date _____

Office Use only

Return to work interview conducted <i>Please attach</i>	Yes		No	
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