

Sickness Self-Certificate

This form is to be used on return to work following any period of incapacity. If this period extends beyond 7 days (including weekends, etc.) you must also provide a medical statement from your Doctor.

Name: Department:

What were the first and last dates on which you were incapable of working, regardless of whether these were working days?

From:(day) (date) (time)
From:(day) (date) (time)
Number of days off work:		

What was the nature of your incapacity, i.e. the name of your illness the symptoms of your incapacity?

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What steps did you take to alleviate your incapacity, e.g. any medication taken, visit to your Doctor, etc.?

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Declaration: I confirm that to the best of my knowledge and belief, the above information is correct and that I was absent from work for the reason stated. I understand that my employer may take steps to verify this information and that giving false information is a disciplinary offence,

Employee's signature:

Date:

Employer's signature:

Date: