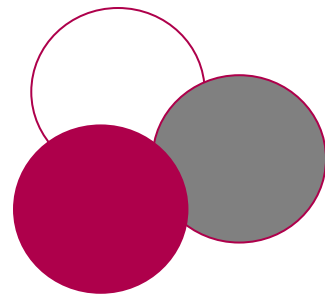


Template Sickness Self Certification/ Return to Work Form



This form must be completed and signed by all employees following each episode of sickness absence and countersigned by their immediate line manager. Completed forms will be held confidentially in the Personnel File. For absences exceeding 7 calendar days, employees must also provide a Medical Certificate (Fit Note).

TO BE COMPLETED BY THE EMPLOYEE

Full Name.....

Job Title.....

Absence reported to..... at (time) on(date)

Reason for absence
.....
.....

First day of illness..... Last day of illness.....

First day of absence..... Date of return to work.....

Total number of days of absence on this episode

Has a Medical Certificate been provided YES/NO/Not required

Was your absence a result of an injury at work or work related accident or illness? YES/NO

If yes, please give details
.....
.....

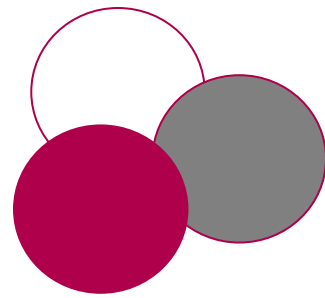
When was the incident reported.....(time).....(date)

To whom.....

I certify that I have been unable to work during the period above due to sickness as stated and confirm the content as above.

Signature..... Date.....

Template Sickness Self Certification/ Return to Work Form



TO BE COMPLETED BY THE LINE MANAGER

SUMMARY OF RETURN TO WORK INTERVIEW

.....
.....
.....
.....

ACTION REQUIRED

Referral for medical report (consent for access sought)

.....

Alterations to working arrangements (hours/environment etc)

.....
.....

Further formal meeting in accordance with Sickness Absence Policy

Yes/No

.....

Manager's signature..... Date.....

I certify that I have been unable to work during the period above due to sickness as stated and confirm the content of discussions as above.

Signature..... Date.....