

SICKNESS SELF-CERTIFICATION ABSENCE

Form SCA

This form should be completed 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 in excess of these first seven days.

NAME :		
FROM	Dates of sickness (Including non-working days)	TO
_____	am/pm _____	am/pm _____
_____	day _____	day _____
_____	date _____	date _____
FROM	Dates of absence	TO
_____	am/pm _____	am/pm _____
_____	day _____	day _____
_____	date _____	date _____
Details of sickness or injury		
<p>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.</p>		
Declaration		
<p>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.</p> <p>I acknowledge that false information will result in disciplinary action.</p> <p>I hereby give my employer permission to verify the above information.</p>		
Signed _____ (employee)	Acknowledged _____ (for employer)	
Date _____	Date _____	