



SELF-CERTIFICATION FORM

YOUR NAME:..... JOB TITLE:.....

Please complete this form if you are absent sick for one working day or more. If you are off work for more than 7 consecutive days, you must provide a Fitness Certificate from your doctor from the 8th day onwards.

The self-certification form should be passed to your Manager giving details of the first and final day of sickness, together with the reason for your absence.

<u>CALENDAR DATES</u>	
My illness started from (give date)	And lasted until (give date)
Date:	Date:
Total of calendar days ill.....	
Total of working days ill.....	
Please state the nature of your illness below¹:	

Did you consult your GP or Practice Nurse? Yes/No. If yes, please give details of who you consulted, and when:

GP or Practice Nurse's
Name:.....

Practice
Address:.....

Date of consultation:.....

'I declare that I have been incapacitated from work due to reasons and dates shown above and that this information is true and accurate'

Employee signature:.....Date.....

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

Please pass this form to your manager who will file it in your personal file.

¹ If the nature of your illness is sensitive, you may leave this section blank, although your manager may ask you to discuss your absence with the Human Resources Consultant from the Congregational Federation in confidence.