

### SELF-CERTIFICATION OF SICKNESS ABSENCE FORM

This form is to record sickness absence information and is to be completed by the employee on the first day or return to work and countersigned by their line manager. It must be completed for all periods of sickness absence of half a day or more. If you are sick for more than seven consecutive calendar days, you will require a doctor's certificate (called a statement of fitness for work). If you leave work early on a particular day as a result of sickness, you should record the time you left in the section headed "date on which you first became unfit for work".

Once completed, this form will be placed on your personnel file and retained for a period of three years.

Full name of employee:	
Date on which you became unfit for work:	
Date on which you resumed work:	
Total number of working days (including half-days) absent due to illness:	
Please give full details of your illness or injury – 'sick', 'ill' or 'unwell' is insufficient:	
Is your illness related to a pre-existing medical condition or disability? If yes, please provide further details:	YES / NO



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VAT: 769 2149 956 Company Registration Number 3768270

Did you visit your doctor in relation to this period of illness or injury?	YES / NO
Did you seek other medical advice in relation to this period of illness or injury, for example from NHS Direct? If yes, please state who you sought medical advice from and the method of seeking it:	YES / NO
If you did not visit your doctor or seek other medical advice, please give the reason why not:	
Doctor's certificate attached?	YES / NO

I declare the above information to be true and accurate and I confirm that I am now fit to resume work. I understand that it is a serious disciplinary offence to provide false information on this form.

Signed by employee:

Signed by line manager:

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Date: .....

Date: .....



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