

SICKNESS SELF-CERTIFICATION FORM/BACK TO WORK DISCUSSION

|  |
| --- |
| **NOTE:** This form should be completed and discussed with your Manager on your first day of return to work following any period of sickness/injury absence of **up to 7 days calendar days**. Sickness absence of **more** than 7 calendar daysmust be covered by a FIT note and forwarded to Human Resources.  |
| **NAME** | **DEPARTMENT** |
|  |  |
| DATES OF ABSENCE FROM WORK |
| From a.m./p.m. ……………………..**Day: ..……………………****Date: .…………………….** | To a.m./p.m. ……………………..**Day: ..……………………****Date: .…………………….** |
| TOTAL NUMBER OF WORKING DAYS ABSENT |   ..........................................  **DAYS** |
| **DETAILS OF SICKNESS OR INJURY** |
| Did you consult a Medical Practitioner? **YES / NO.** If **YES** please give details of: |
| Doctor’s Name |  |
| **Address** |  |
| **Date of Visit** |  |
| **Treatment Received** |  |
| DECLARATION BY EMPLOYEE• I certify that I have been incapable for work because of my sickness/injury on the dates shown  above and that this information is true and accurate• I acknowledge that false information may result in disciplinary action• I hereby give my employer permission to verify the above information**RETURN TO WORK - To be completed by Manager in discussion with Employee**• Are you satisfied that the employee is fully fit to return to work? **Yes/No**If **no** to the above please note proposed actions below or refer to Human Resources.**­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**• Are there any matters or concerns that require further follow up?  **Yes/No**If **yes** to the above please note proposed actions below or refer to Human Resources.**­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Signed Employee:** | **Date:** |
| **Signed Manager:** | **Date:** |

**Please send completed form to Human Resources**