

SICKNESS SELF-CERTIFICATION FORM/BACK TO WORK DISCUSSION

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| **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**