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Self certification sickness form pdf

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You must tell your employees what you expect them to give you as evidence of incapacity for Statutory Sick Pay (SSP) purposes and when you expect them to give it. You cannot withhold SSP for late medical evidence as this could be because your employee is unable to get an appointment with their doctor. Incapacity for 7 days or fewer You may accept: self certification verbally or by letter form SC2 for self certification your own similar form Incapacity lasts more than 7 days You can ask your employee to give you medical evidence or a fit note from their doctor. It is your decision whether evidence of illness is required, and if so, what evidence is acceptable. An Allied Health Professional report is strong evidence of sickness and is usually acceptable. Your employee may give you a certificate from someone who is not a doctor, such as: osteopaths chiropractors Christian Scientists herbalists acupuncturists You decide whether or not to accept them.

SELF CERTIFICATION OF SICKNESS ABSENCE FORM

You are required by your Conditions of Service to complete this certificate to cover your absence from work due to sickness or injury (including third party claims) from your first day of absence.

Part 1 - to be completed by the employee

Name (in full): _____ Job Title: _____

Home Address: _____

Department: _____ Division: _____

Location: _____ Employee No: _____

Part 2 - to be completed by the employee

First actual day of "sickness/injury" (including non working days): _____

Reason for absence: (give a broad indication of nature of sickness/injury. This is not intended as a medical diagnosis (if third party claim e.g. Road Traffic Accident, please indicate))

NB: If absence continues after 7 calendar days a Fit Note will be required

Did you attend? "Your Doctor/Hospital/Other appropriate Practitioner" Did not seek medical advice

Do you consider the absence to be work related? If so why? Yes No

Did you complete an incident form? Yes No

Is this absence related to a disability? Yes No

Last day of "sickness/injury"
(Include all days absent even if they are not
your normal working days): _____

Date of actual return to work: _____

Declaration (to be signed by employee)

I confirm that: -

- a) I have not worked or taken part in any activity not consistent with the reasons given for my absence.
- b) I am now fit to return to duty.

I declare that the above statement is true and accurate to the best of my knowledge. The implications of wilfully giving false information are governed by Agenda for Change Terms & Conditions of Service and I understand that by giving false information it may disqualify me from payment and will be regarded as a serious disciplinary offence.

Signature: _____ Date: _____

Part 3 - to be completed by the manager

I confirm that the absence is in accordance with the sickness regulations and that the above information is correct:

Signature: _____ Job Title: _____

Print Name: _____ Date: _____

If you have any doubts you can still ask for a doctor's fit note. Your employee must continue to notify you of ongoing sickness. You can withhold payment if there are any days for which you have not been notified, but not for late medical evidence. Doctor's fit note — statements on fitness for work Fit notes allow doctors to advise if the patient is unfit for work. These are options for you and your employee to discuss and agree. Accept the current fit note as evidence that your employee is unfit for work, if no changes are made. Precautionary or convalescent reasons A doctor can advise an employee not to work for precautionary reasons or to convalesce because they suffer from a disease or disablment. The incapacity continues for as long as the doctor states that the employee must not work. Infectious or contagious diseases Your employee can be advised not to work by their doctor if they are a carrier of, or have been in contact with, an infectious or contagious disease. Bereavement Bereavement is not an incapacity, but the relationship between your employee and the deceased, for example, as a parent or partner, could mean that your employee may well be ill. They may be suffering from shock due to the nature of death or either depression or anxiety (or both) through loss. Take into account the employee's circumstances and decide whether to accept this as the reason for incapacity. SSP is only payable if you decide that the reason is acceptable.

SECTION 1: For completion by the EMPLOYEE	
Employee Name:	
Employee Home Address:	
Home Phone Number:	Work Phone Number:
Email:	
Job Institution:	Division/Dept:
Work Address:	
Reason for Leave (Check all applicable):	
<input type="checkbox"/> Birth/Adoption/Pre-Adoption Foster Care <input type="checkbox"/> Foster Placement <input type="checkbox"/> Employee's Own Serious Health Condition (may require medical certification) <input type="checkbox"/> To Care for Family Member including domestic partner or domestic partner's parent, Military Servicemember, or Veteran with Serious Health Condition* (may require medical certification) <input type="checkbox"/> For a Qualifying Emergency due to a military deployment to a foreign country of a spouse, son, daughter, or parent in the regular or reserve military forces (certification may be required)	
<small>* When Family and Medical Leave is needed to care for a family member, servicemember, or veteran, you must state the care you will provide and an estimate of the time period during which this care will be provided, including exact date of intermittent leave or leave on a reduced work schedule, if requested.</small>	
Anticipated Begin Date of Leave:	Anticipated End Date of Leave:
Briefly Explain Reason for Leave. If the leave is to care for someone, or for a military qualifying emergency, please indicate the other person's <u>name</u> and <u>your relationship</u> to that person. If leave is to care for a domestic partner or a domestic partner's parent(s), please complete and sign the back of this form.	
SUBSTITUTION OF PAID LEAVE: Please indicate if you would like to use paid leave during your absence and how many hours you plan to use (to the extent provided by law and workplace leave policies). Attach a completed leave report if required.	
Vacation: <u>_____</u> hours <input type="checkbox"/> vacation (or year) <u>_____</u> hours <input type="checkbox"/> Sick Leave <u>_____</u> hours <input type="checkbox"/> Personal/Floating Holiday <u>_____</u> hours <input type="checkbox"/> Sabbatical/ALRA <u>_____</u> hours <input type="checkbox"/> Other: <u>_____</u> (<u>_____</u> hours) <input type="checkbox"/> Comp Time <u>_____</u> hours	

Common abbreviations used on fit notes Abbreviation Definition CAT coronary artery thrombosis CHD coronary heart disease COAD chronic obstructive airways disease CVA cerebrovascular accident D&C dilation and curettage D&V diarrhoea and vomiting DS disseminated (multiple) sclerosis DU duodenal ulcer F&B foreign body GU gastrointestinal IDK(J) internal derangement of the knee (joint) IHD ischaemic heart disease LIH left inguinal hernia MI myocardial infarction MS multiple sclerosis NAD no abnormality detected NYD not yet diagnosed OA osteoarthritis PID prolapsed intervertebral disc PUO pyrexia of unknown origin RH right inguinal hernia UR upper respiratory tract infection UTI urinary tract infection VVs varicose veins Non-UK medical certificates Your employee may be provided with a non-UK medical certificate for a period when they were abroad during sick absence. You can ask your employee to provide a translated fit note. Getting medical advice You decide how to monitor sickness absence, but reducing sickness absence levels can reduce costs and increase output.

Self Certificate for Sickness Absence

If you have been unable to attend work due to personal sickness please complete the details below and return to your Line Manager. The completed form will be sent to Human Resources by your Line Manager (note: it may be sent as an email attachment to 'sickness') where it will be used to process sick pay. Completion of a self-certificate will be required to cover all periods of sickness absence from the first day of absence. Any sickness absence for more than 7 calendar days requires a certificate (i.e. statement of fitness to work) from a medical professional e.g. GP, Consultant, Dentist, etc.

Personal Details

Surname:	First Name:	
Department:	Payroll Number: (as shown on your payslip)	
First day of sickness: (use format: dd/mm/yy)	Last day of sickness: (use format: dd/mm/yy)	
Date of return to work: (use format dd/mm/yy)	Total number of working days absent:	

Reason for absence:

please describe and also mark **ONE** of the boxes below:

Anxiety	Asthma
Back Problems	Benign & Malignant Tumours, Cancers
Blood disorders (e.g. Anaemia)	Burns, Poisoning, Frostbite, Hypothermia
Chest & Respiratory problems (exclude nose & throat problems, asthma, cold, cough, flu)	Cold, Cough, Flu – Influenza
Dental & Oral Problems	Depression
Ear, Nose, Throat, (ENT)	Endocrine/Glandular problems (e.g. diabetes, thyroid, metabolic problems)
Eye problems	Gastrointestinal problems (e.g. abdominal pain, gastroenteritis, vomiting, diarrhoea)
Genitourinary & Gynaecological disorders NOT PREGNANCY RELATED	Headache/Migraine
Heart, Cardiac and Circulatory Problems	Infectious diseases
Injury, Fracture	Nervous System diseases
Other Musculoskeletal problems	Pregnancy Related disorders
Psychiatric illness	Skin disorders / allergy
Stress	Substance abuse – including alcoholism & drug abuse

Please Note The above list of absence categories is based on a list developed by the Institute of Occupational Medicine and supplied by the Universities and Colleges Employers Association (UCEA).

If you work part time please describe your working pattern. This means the **number of hours** you would have worked each day during this period of sickness absence. (Please enter 0 if you do not work on that day)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours worked normally							

Was this absence due to a work related accident/injury or ill health?	Yes/No	Was this absence related to a disability?	Yes/No
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Declaration

I give my consent to the University of Essex holding the personal data on this form for the purposes described below. I declare that I have not worked during the period of sickness stated above for any employer and to the best of my knowledge the information is factually correct.

Member of staff's signature: **Date:**

Repeated short absences for minor illnesses may be masking a more serious problem or a difficulty at work. You may think that an employee who claims to be sick and incapable of work is capable of doing their job and should return to work. If your employee is often away sick or they are off for a long time, you may ask for medical advice about their condition. If your employee's absence lasts longer than expected, you can stop paying SSP, but you must explain your reasons to your employee within 7 days of your decision. You can also ask for medical advice and continue paying SSP. If you decide to ask for medical advice, consider one of the following: using your own medical adviser, a report from your employee's doctor. Getting medical advice about lengthy absences When a serious illness or injury is diagnosed, it is unlikely that incapacity for work will be in doubt during the period for which SSP is payable. Illnesses sometimes last longer than expected and a plan that considers what steps should be taken to aid a speedy return to work can be helpful. The following table gives some of the diagnoses commonly given by doctors as the cause of incapacity or medical certificates or fit notes issued by them. Similar illnesses are grouped under one heading, with a suggested time after which you may consider asking for advice. The Department for Work and Pensions (DWP) website is helpful.

To be completed by all members of staff absent for a half day or more, and returned to the officer in the department/section responsible for maintaining sickness records. If anyone would like this form in a different format, they should contact Human Resources.

1. Confidentiality

Sickness absence information is held electronically and will be processed in accordance with the Data Protection Act 1998. The data will be used for statistical analysis in an anonymous form, and also made available to your Head of School/Department to help meet the University's obligation to ensure the health, safety and welfare at work of all employees.

2. Last Name First names
Address
Section/Department Staff No

3. Length of Absence:

First day of Sickness day date time
Last day of Sickness day date time
Total number of working days absent

4. Reasons for Absence (please select from the list overleaf with any appropriate additional detail)

Did you receive medical treatment during your absence? YES/NO

If so, please state where and when

Do you believe that your illness is as a result of an occupational injury/disease? YES/NO

If so please forward a copy of this form to the Health, Safety and Environment Section

Declaration

I declare that I have not worked during the period of sickness and that the above statement is true and accurate to the best of my knowledge. I understand that to give false or misleading information can result in disciplinary proceedings which may lead to dismissal, and that a false declaration can be an offence under statute and common law.

Employee's Signature Date

Supervisor's/Line Manager's Signature

Date

Updated October 2011: Human Resources (SMC)

Suggested review periods (in weeks) for common illnesses: Illness: Review period (weeks) Addiction (drugs or alcohol) 10 Anaemia (other than in pregnancy) 4 Anorexia 10 Arthritis (unspecified) 10 Back and spinal disorders (prolapsed intervertebral disc, sciatica, spondylitis) 10 Cold, coryza, upper respiratory tract infection, influenza, bronchitis 4 Constipation 4 Corneal 4 Debility, cardiac, nervous, post-op, post-partum 10 Fainting 4 Fractures of lower limb 10 Fractures of upper limb 10 Gastro-enteritis, gastritis, diarrhoea and vomiting 4 Headache, migraine 4 Hernia (strangulated) 10 Inflammation and swelling 4 Insomnia 10 Joint disorders other than arthritis and rheumatism 10 Kidney and bladder disorders, cystitis, urinary tract infection 4 Menstrual disorders,orrhagia, dilation and curettage 10 Mouth and throat disorders 4 Nervous 10 Nerve 10 No abnormality detected, Immediate Observation 4 Peptic, gastric, duodenal ulcers 4 Postnatal conditions 10 Respiratory illness: asthma 10 Skin conditions, dermatitis, eczema 10 Sprains, strains,扭伤 4 Tachycardia 4 Ulcers (perforated) 10 Varicose veins 10 Wounds 4 Lacerations, abrasions, burns, blisters, splinters, foreign body 4 If your line manager has its own medical advice, ask them to give you permission as to whether the employee is entitled to SSP from HMRC. You can use the following example of a letter, to tell your employee that you consider them not to be entitled to SSP for this reason. Only issue this letter if form SSP1 is not appropriate or does not apply. Example letter to notify your employee that you will not be paying them SSP: Date: Dear [name of employee] I am writing to tell you why I cannot pay you Statutory Sick Pay (SSP) for the period from [insert dates]. You cannot get SSP for these days because [insert the reasons] If you have any questions about why I am not paying you SSP please contact me. If you do not agree with my decision not to pay you SSP, you can ask HMRC to make a formal decision. You should contact HMRC. Yours sincerely, Back to work action plans: Back to work action planning is successful in returning people to work, particularly when used early during long term sickness absence. Evidence shows that people are more likely to get back to work when they talk to their employer during periods of sickness and make plans for returning to work. These plans can be a powerful tool in helping people get back to work quickly when they become ill.



CONFIDENTIAL

SICKNESS SELF CERTIFICATION FORM

(This form must be completed for each period of absence)

First Name: Surname:
Department: Personnel No:

Period of Sickness Absence & Entitlement

Date of first day of sickness absence from work:

Date of last day of sickness absence from work:

Name of person replaced:

Absence pattern:

Number of days real worked per day due to sickness:

U
T
W
F
G
Sa

Do you work Full Time or Part Time hours: FT / PT

Details of Business Absence

Please give brief details of your illness:

Did you attend hospital: Yes/No If Yes, give details of hospital/doctor:
your doctor: Yes/No

Did you receive medication: Yes/No

Declaration

I declare that this information will be used as a basis of paying Statutory Sick Pay (SSP) and that any false statement may lead to disciplinary action.

Employee's Signature Date:

Is this employee on their pre-employment period? Yes / No Paid/Vacated

Supervisor's Signature Date:

Payment by (HR): Date:

Signified by (Payroll off duty 4 days): Date:

REND FORM TO HUMAN RESOURCES - YOUR SICKNESS WILL BE RECORDED

Their purpose is to guide a discussion and set a framework for actions to consider when an employee has been absent from work for between 4 to 6 weeks. It provides a snapshot of information at a particular time and is open to regular review. If you agree a phased return to work or altered hours after a period of sickness, pay SSP for the days that your employee is sick in the normal way. Any day for which SSP is paid will count towards the maximum entitlement of 28 weeks. Your employee's absence must form a period of incapacity for work before SSP is paid. If you have been ill for 7 days or less you don't need to see a Doctor. You can complete a Self Certification form yourself. However some employers insist on a Doctor's note regardless. A Doctor's note under these circumstances may involve a charge.

Many employers have their own self-certification forms. If your employer doesn't have its own form you can download the Self Certification Form. Please print it, fill it in and hand it in to your employer. You do not need to see a Doctor. Self Certification Form (PDF)