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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: _____ Working Days No: _____

Part 2 – to be completed by the employer

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 is a Road Traffic Accident, please indicate) _____

Are there circumstances after 7 calendar days a Fit Note will be required

Do you intend/ intend you? ☐ Yes ☐ No

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

Is the absence related to a disability? _____ ☐ Yes ☐ No

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

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 the Charges Terms & Conditions of Service and I understand that by giving false information I may disqualify me from payment and will be regarded as a serious disciplinary offence.

Signature: _____ Date: _____

Part 2 – 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: _____

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 not fit for work may be fit for work This gives employers greater flexibility in managing sickness absence. A doctor may provide additional information which will help employers consider basic adjustments which can be made to help someone to return to 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 disablement. 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: _____	
Phone/Fax Number: _____	Work Phone Number: _____
Email: _____	
Job Function: _____	Division/Dept: _____
Work Address: _____	
Reason for Leave (Check all that apply):	
<input type="checkbox"/> Birth/Adoption/Postnatal 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 Service member, or Veteran with a valid health certification (may require medical certification) <input type="checkbox"/> For a Qualifying Expense due to a military deployment to a foreign country of a spouse, son, daughter, or parent if the regular or reserve armed forces member may be recalled <input type="checkbox"/> * When Family and Medical Leave is related to care for a family member, service member, or veteran, you must state the care will be provided and a estimate of the time period during which it will be provided and noted, including a list of anticipated leave dates if requested.	
Anticipated Start Date of Leave: _____	Anticipated End Date of Leave: _____
Briefly Explain Reason for Leave: If the leave is due to domestic partner or for a military qualifying emergency, please indicate the date, period, location and anticipated duration for 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'd like to use (for the extent provided by law in applicable leave policies). Attach a completed leave report if recalled.	
Vacation: _____ hours	Sick leave: _____ hours
Vacation Carryover: _____ hours	Subsidized/ALRA: _____ hours
Personal/Unscheduled: _____ hours	Caring Time: _____ hours
Other: _____ 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 FB foreign body GU gastric ulcer IDKXJ 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 RIH right inguinal hernia URTI 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 Sick Leave Absence

If you have been unable to attend work for personal reasons please complete the details below and return to your Line Manager. The completed form will be sent to Human Resources. **PLEASE NOTE:** It may be sent as part of an attachment to 'sickness' where it will be used to process your appeal. Completion of a self certificate will be required to support a claim for sick leave. **PLEASE NOTE:** The absence must be for a minimum of 7 calendar days. Absence requires a certificate (or statement of illness) to work from a medical professional or GP, GP Consultant, Dentist, etc.

Surname:	First Name:				
Department:	Payroll Number (or other ID number):				
First day of sickness: Use format: dd/mm/yyyy	Last day of sickness: Use format: dd/mm/yyyy				
End of return to work: Use format: dd/mm/yyyy	Total number of working days absent:				
Reason for absence: (please describe and also tick ONE of the boxes below)					
<input type="checkbox"/> Anxiety <input type="checkbox"/> Back Problems <input type="checkbox"/> Blood Pressure (Hypertension) <input type="checkbox"/> Chest & Respiratory problems (includes asthma & Covid-19) <input type="checkbox"/> Diabetes (including Type 1 & Type 2) <input type="checkbox"/> Dental & Oral Problems <input type="checkbox"/> Ears, Nose, Throat, (ENT) <input type="checkbox"/> Eye problems <input type="checkbox"/> Fertility Problems <input type="checkbox"/> Gastrointestinal Problems <input type="checkbox"/> Gynaecological Problems <input type="checkbox"/> HIV, Cardiac and Circulatory Problems <input type="checkbox"/> Headaches <input type="checkbox"/> Other Musculoskeletal problems <input type="checkbox"/> Psychiatric Issues <input type="checkbox"/> Stress					
<input type="checkbox"/> Infectious Disease <input type="checkbox"/> Non-PREGNANCY RELATED <input type="checkbox"/> Pregnancy Related Disorders <input type="checkbox"/> Skin Disorders <input type="checkbox"/> Sleep Disorders <input type="checkbox"/> Social Issues - including substance misuse & drug abuse					
PLEASE Note: The above list of disease categories is based on a list developed by the Institute of Occupational Medicine and is supplied as a guide only. It is not intended to be exhaustive.					
If you work part time please complete your working pattern. This means the number of hours you would have worked during the week during the period of sickness stated above for any employee and to the best of your knowledge did not work on that day.					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours worked normally					
Was this absence due to a work related condition (if Yes)?	Yes/No	Was this absence related to a disability?			Yes/No
Declaration I give my notice to the University of Essex holding the personal data on this form for the purposes described below. I declare that the work noted during the period of sickness stated above for any employee and to the best of my knowledge did not work on that day.					
Date:					
Member of staff (please print name and position) (not required if submitted electronically)					
I have signed this form in accordance with the Data Protection Act 1998 (Data Protection Act) and personal data supplied on this form will be used in accordance with the requirements of the Act. The data will be used for the purposes of processing your sick leave, including for the purpose of supporting your appeal.					
Human Resources March 2017 (revised October 2019)					

Repeated short absences for minor illnesses may be masking a more serious problem or an 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 on 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) use similar guidance when considering the control of Employment Support Allowance.

