

Sickness Self Certification Absence Form

This form should be completed on your return to work following any period of sickness.

If you are returning to work after a period of sickness of more than 7 calendar days a medical certificate or certificates should already have been provided to cover the period of absence in excess of these first seven days.

Name:		
Host Company:		
Dates of Sickness (Including non-working days)		
From		To
am/pm _____		am/pm _____
day _____		day _____
date _____		date _____
Dates of Absence		
From		To
am/pm _____		am/pm _____
day _____		day _____
date _____		date _____
Details of sickness or injury		
<p>Did you consult a Doctor? YES/NO. If YES please give details of: Date of visit, treatment received and any current treatment. If NO please state why not.</p>		

I certify that I was incapable of work because of my sickness/injury on the dates shown above and that this information is true and accurate. I acknowledge that false information will result in disciplinary action.

I hereby give my employer permission to verify the above information.

Signed (employee):	Date:
Signed (for employer):	Date: