

## **SELF CERTIFICATION FORM**

This form must be completed by all members of staff on the day you return to work following any period of sickness absence of 7 calendar days or less and handed to your immediate supervisor/manager. If you are returning to work after a sickness absence of more than 7 days you must also provide us with a Fit For Work Note from your doctor.

**Name:**

**Department:**

**First date and time of sickness:**

**Last date and time of sickness:**

**Number of working days absent:**

**OR**

**Number of working hours absent:**

**Details of Sickness Absence:**

**Did you consult a Medical Practitioner?**

**YES**

**NO**

If yes, please give details of the Medical Practitioner's name, place of work and the date of your visit. Please also provide details of any treatment received.

**Are you fit to resume normal duties?**

**YES**

**NO**

If no, please provide details:

**Was your sickness absence as a result of an occupational injury/illness?**

**YES**

**NO**

If yes, please provide details:

### **Declaration**

I declare that I have not worked during the period of sickness detailed above, 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 action which may lead to dismissal.

Signed: ..... Date: .....

# RETURN TO WORK MEETING

This form must be completed by the immediate supervisor/manager during a Return To Work Meeting on the day the employee returns to work following any period of sickness absence.

Meeting Conducted by: .....

Were the rules for reporting sickness absence followed? YES ☐ NO ☐

If no, provide further details:

Is the sickness absence a result of an occupational injury/illness? YES ☐ NO ☐

If yes, provide further details:

Are they fit to resume normal duties? YES ☐ NO ☐

If no, provide further details and follow up dates:

Has this period of sickness absence reached our monitoring indicator? YES ☐ NO ☐

Sickness Absence monitoring indicator - three occasions of sickness absence in a rolling 4 monthly basis.

If yes, provide details of what was discussed:

Any other relevant discussion/concerns/issues:

Supervisor/Manager Confirmation

Signed: ..... Date: .....