

Self-Certification Absence Form

This form should be completed on your return to work following any period of sickness/ absence. If you are returning to work after a period of sickness of more than 7 calendar days a medical certificate(s) should be provided to cover the period of absence in excess of these first seven days.

Print name:	Place of work:		
First date of absence:	Return to work date:		
Total number of days absent:			
Please give brief details of your absence (illness / injury etc.):			
Did you consult a doctor? (please tick as appropriate) <table style="margin-left: 150px;"> <tr> <td>Yes</td> <td>No</td> </tr> </table>		Yes	No
Yes	No		
If yes, please give details of: doctors name, address, date of visit & treatment received. If no, please state why not.			
Was your accident caused by an accident at work or an industrial disease? (please tick as appropriate) <table style="margin-left: 150px;"> <tr> <td>Yes</td> <td>No</td> </tr> </table>		Yes	No
Yes	No		
Declaration: I certify that I was incapable of work because of my illness/ injury on the dates shown above and that this information is true & accurate. I acknowledge that false information will result in disciplinary action. SIGN: _____ Date: _____			