Fit/Sick Note Requests Request Form V1.04.17

**PLEASE ALLOW AT LEAST 5 WORKING DAYS FOR THIS REQUEST TO BE DEALT WITH**

A clinician may ask that you are seen before issuing a sick note

Please read carefully before completing this form:

If you are currently getting hospital treatment then you should ask for a note from your hospital doctor\*

If you are off work sick for seven days or less, your employer should not ask for medical evidence that you have been ill. Forms should be available from your employer for this purpose so that you may self- certify.

You do not need to see your doctor again to be signed fit to go back to work. You should go back to work as soon as you feel able to and, with your employer’s agreement. This may be before your fit note runs out. If your doctor wants to assess your fitness for work again, they will say this on your fit note.

Patient Full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date last fit note issued (if applicable) \_\_\_/\_\_\_/20\_\_\_ By whom (if known)\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for fit note (please give as much information as possible here. If you feel that you may be able to work, taking into account work place adaptations or amended duties for example, then please specify):

Have you had any contact with Jobcentre Plus about this current episode or illness? If you have had a work capability assessment whereby limited capability has been agreed, or you have been placed into the Support Group, then you may not require a fit note from the surgery. If you are uncertain about this then we would recommend that you contact Employment and Support Allowance (ESA) for advice first on 0345 6088545

To start (fit notes cannot be forward dated \_\_/\_\_/20\_\_ How long for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intended return date (if known) \_\_/\_\_/20\_\_

I verify that the information I have given on this form is true and accurate to the best of my knowledge

Signed ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_