**AGE UK YORK**

# SELF-CERTIFICATION FORM

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Department: |  |
| Date: |  | Time of call: |  |
| Person taking call: |  | Job Title: |  |
| Message: |
| How long do they expect to be away?  |  |
| Expected date of return to work |  |

On return to work the member of staff should be seen, and the remainder of the form should be completed by the member of staff:

|  |
| --- |
| Nature of illness: ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- |
| Did you visit your Doctor? Yes No |
| Date of visit to Doctor |  |

Please provide the following information:

|  |  |
| --- | --- |
| Date of return to work:  |  |
| Date of last period of sickness: |  |

 **Note:** It is a disciplinary offence to knowingly give false information on a self-

 certification form, and could result in disciplinary action, including dismissal.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_