

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	<input type="checkbox"/>	No	<input type="checkbox"/>
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: _____