

Employee Self-Certification Form

To be completed by all employees absent for a half day or more, and returned to your reporting manager.

1. Confidentiality

Sickness absence information is held electronically and will be processed in accordance with the Data Protection Act 1998. The data will be used for statistical analysis in an anonymous form, and also made available to the Company's senior management to help meet our obligation to ensure the health, safety and welfare at work of all employees.

2. Last Name ..... First names .....  
Address .....  
Position ..... Location .....

3. Length of Absence:

First day of Sickness .....day ..... date .....time  
Last day of Sickness .....day .....date .....time  
Total number of working days absent .....

4. Reasons for Absence (please select from the list overleaf with any appropriate additional detail)

.....  
.....

Did you receive medical treatment during your absence? YES/NO

If so, please state where and when .....

.....  
.....

Do you believe that your illness is as a result of an occupational injury/disease? \*YES/NO

If so please forward a copy of this form to [Position]

Declaration

I declare that I have not worked during the period of sickness 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, in serious cases, may include summary dismissal, and that a false declaration can be an offence under statute and common law.

Employee's Signature ..... Date .....

Supervisor's/Line Manager's Signature

..... Date .....

**Universal Tyre Group  
Employee Self-Certification Form**

**Reasons for Absence**

Allergies, Hay Fever  
Anaemia  
Anxiety, Depression, Nervous Illness  
Asthma  
Back, Neck and Spinal disorders  
Blood Pressure disorders  
Cancer, Chemotherapy  
Chest conditions  
Cough, Cold, Tonsillitis etc.  
Dental disorders  
Diabetes  
Ear conditions including Vertigo  
Epilepsy  
Exhaustion, Fatigue  
Eye conditions  
Face and Mouth disorders  
Gynaecological disorders  
Head Injury, Concussion  
Headache, Migraine  
Heart conditions  
Hernia  
Hospital Visit  
Infectious Diseases eg. Measles  
Influenza/Swine Flu  
Joint pain eg. Arthritis  
Kidney and Bladder disorders  
Lower limb injury  
Operation  
Post-operative recovery  
Pregnancy-related conditions  
Skin conditions  
Stomach disorders  
Stress-related illness  
Upper limb injury  
Wounds or Burns

Where none of the above reasons is appropriate, use "Other" and give details.

A reason should be given in all but exceptional circumstances which should be discussed with [Position].