

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 [Managing Director]

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.

I declare that I am fit for a return to work.

Employee's Signature **Date**

Supervisor's/Line Manager's Signature

..... **Date**

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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 your manager or the Managing Director.