***Fitness for Work Certificate Request***

***Before requesting a ‘fit note’ please note the following:***

* Please complete ALL sections below, failure to do so may delay the issuing of any requests
* You must self-certificate for the first seven days, this can be done through your employer.
* Return to work notes are no longer required and your employer cannot ask you to provide one of these unless they are willing to pay for a private note.
* One of the doctors may need to contact you to discuss this matter further or you may be asked to make an appointment.

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| **HAVE YOU SELF CERTIFIED FOR THE FIRST SEVEN DAYS?**  **YES –** complete this form  **NO** – please self-certify with your employer | |
| **DATE** | |
| **USUAL DOCTOR** | |
| **PATIENTS NAME** | |
| **DATE OF BIRTH** | |
| **ADDRESS** | |
| **TELEPHONE NUMBER** | |
| **EMAIL ADDRESS** | |
| **IS IT A NEW OR CONTINUED SICK NOTE?** | |
| **LENGTH REQUIRED** | |
| **DATES REQUIRED (if applicable)** | |
| **NORMAL OCCUPATION (if applicable)** | |
| **REASON FOR SICK NOTE** | |
| **DO YOU THINK YOU COULD ATTEND WORK WITH REDUCED HOURS OR ALTERED DUTIES?** | |
| **PATIENT’S SIGNATURE** | **Actioned** |