

SICKNESS SELF-CERTIFICATION ABSENCE

Form SCA

This form should be completed on your return to work following any period of sickness.

If you are returning to work after a period of sickness of more than 7 calendar days a medical certificate or certificates should already have been provided to cover the period of absence in excess of these first seven days.

NAME :		
FROM	Dates of sickness (Including non-working days)	TO
_____	am/pm	_____
_____	day	_____
_____	date	_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
Dates of absence		
_____	am/pm	_____
_____	day	_____
_____	date	_____
_____		_____
_____		_____
Details of sickness or injury		
<p>Did you consult a Doctor? YES/NO. If YES please give details of: Doctor's name, address, date of visit, treatment received and any current treatment. If NO please state why not.</p>		
Declaration		
<p>I certify that I was incapable of work because of my sickness/injury on the dates shown above and that this information is true and accurate.</p> <p>I acknowledge that false information will result in disciplinary action.</p> <p>I hereby give my employer permission to verify the above information.</p>		
Signed _____	Acknowledged _____	
(employee)	(for employer)	
Date _____	Date _____	