



What was the nature of your sickness?

Have you seen a doctor / dentist?

Yes / No

Are medical certificates attached?

Yes / No

I confirm that the attached sickness summary is an accurate record of my absence history and that the interview notes above are an accurate record of the issues discussed. In addition, I wish to comment as follows:

I declare that the above statement is accurate and understand that to give false or misleading information may result in dismissal.

Name:

Signature:

Department:

Date:

Data Protection

The Company processes the information provided on this form and on medical certificates for the purposes of meeting its legal obligations. In particular, individual data are disclosed to line managers for the purpose of responding appropriately and fairly to an individual's overall level of sickness absence and for the appropriate management of their health and safety at work.