



SELF CERTIFICATION FORM

This Form should be completed and returned to HR upon return on your first day.

Confidentiality

Sickness absence information will be held electronically and will be dealt in accordance with the Data Protection Act 1998. The data will be used for statistical analysis in an anonymous form and to ensure the health and safety of employees of our company.

Personal Details

Surname: First Name:

Employee No: Department: Site:

Details of Sickness Absence

First day and date of absence:

Last day and date of absence:

Total Number of working days lost:

Did you visit your doctor?

☐ Yes ☐ No

Did you require hospital treatment?

☐ Yes ☐ No

Complaint and Cause

I was unable to attend work due to:

☐ Illness ☐ Injury

Please state nature of complaint:

If, it was as a direct result of an injury, please answer the questions below:

Was it due to an Accident at Work?

☐ Yes ☐ No

Was it due to a sports injury?

☐ Yes ☐ No

Was it due to any other type of accident?

☐ Yes ☐ No

Was it connected to a recurrent medical condition?

☐ Yes ☐ No

Please state specific details:

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Declaration

I declare that this statement above is true and complete. I understand that giving false or inaccurate information is a disciplinary offence which could lead to dismissal.

I hereby give my employer permission to verify the information above.

Employee Signature.....Date:.....

This form must be completed on your first day back at work and will form part of your Return to Work Interview.