

SELF CERTIFICATION/RECORD OF SICKNESS ABSENCE FORM

STRICTLY CONFIDENTIAL

Name of Employee:	
Job Role:	
Date Sickness Absence Started*	
Date Sickness Absence Ended*	
Number of Working Days Absent	

- Please note that all days should be counted, not just working days, in line with Statutory Sick Pay requirements.**
- If the absence was for more than 7 days, please attach to this form a medical certificate from your GP.**
- My Reason for absence was as follows: (please tick appropriate box)**

Code	Description	✓	Code	Description	✓
10	Anxiety/stress/depression/ psych illness		23	Eye problems	
11	Back Problems		24	Endocrine / gland problems	
12	Other (not back) musculoskeletal problem		25	Gastrointestinal problems	
13	Cold, Cough, Flu – Influenza		26	Genitourinary or gynaecological problems	
14	Asthma		27	Infectious diseases	
15	Chest & respiratory problems		28	Injury, fracture	
16	Headache / migraine		29	Nervous system disorders	
17	Benign and malignant tumours, cancers		30	Pregnancy related disorders	
18	Blood disorders (e.g. anaemia)		31	Skin disorders	
19	Heart, cardiac & circulatory problems		32	Substance Dependency	
20	Burns, poisoning, frostbite, hypothermia		98	Causes - not elsewhere classified in SA scheme	
21	Ear, nose, throat (ENT)		99	Unknown cause/Not Specified	
22	Dental and oral problems		100	Whole day medical appointment	

Notes:

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TO BE COMPLETED BY HR:

No of Days Sick this episode: _____

No of Episodes in Rolling 12mths: _____

Total No of Days sick in Rolling 12mths: _____

Tick to confirm sickness has been
Recorded by HR on Coolcare Yes ☐

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TO BE COMPLETED BY THE EMPLOYEE WITH THE LINE MANAGER/HEAD OF DEPARTMENT

How & when did your injury/illness start?

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Please describe your symptoms in detail.....

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What treatment have you received?.....

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Are you taking any medication at the moment? When will this end? Does this medication have any side effects that we should be aware of? For example, drowsiness that may affect your performance at work?

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Do you think your injury/illness will impair in any way your ability to work here at Birtley House in your current role?

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Is there anything else you would like to tell me about your absence?

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You may be asked to agree an 'Improvement Plan' relating to your absences.

DECLARATION

I declare the reasons shown for my absence and the information given on this form is correct, to the best of my knowledge. (Suitable action including disciplinary measures will be taken if you are found to have given incorrect information).

Signature.....(employee)

Date.....

TO BE COMPLETED BY THE LINE MANAGER ONLY

Was the sickness absence reporting procedure followed?

Yes ☐ No ☐

Is the member of staff fit to return to work?

Yes ☐ No ☐

Has a GP Certificate been submitted (for absences more than 7 calendar days):

Yes ☐ No ☐ N/A ☐

Was the absence work related e.g. accident at work or general conditions of work area

Yes ☐ No ☐ N/A ☐

Is an Occupational Health referral required?

Yes ☐ No ☐ N/A ☐

If yes has the staff member given permission?

Yes ☐ No ☐ N/A ☐

Are any workplace adjustments required?

Yes ☐ No ☐ N/A ☐

Is a risk assessment being requested?

If 'yes' to adjustments or risk assessemnt provide details of what is required, who is to action and a timescale for completion on a separate sheet and attach to this form.

I certify that I have:

- discussed this absence with the employee & noted what was said
- ensured that any certificates relate to the period of absence, and have been retained

Signature of Line Manager.....

Date.....