Sickness Self-Certification Form

For absences of 7 calendar days or less. For longer absences ask for a fit note from a doctor.

Employee name *	
Job title	
Department / manager	
First day of sickness *	_____ / _____ / _____
Last day of sickness *	_____ / _____ / _____
Date returned to work *	_____ / _____ / _____
Working days absent	
Brief reason for absence *	
Was the absence caused by an accident at work? *	☐ Yes ☐ No
Did you see a doctor or other health professional?	☐ Yes ☐ No

I certify that I was unfit for work for the period above.

Employee signature *	
Date *	_____ / _____ / _____
Manager name	
Manager signature	

* Required