

SELF CERTIFICATION OF SICKNESS

THIS FORM MUST BE RETURNED TO YOUR HEAD OF DEPARTMENT/NURSING OFFICER.

NB:

- Notification of sickness should be given as early as possible on the first day of absence.
- A self-certificate is normally required for an absence extending three calendar days or more after the first working day lost.
- If your absence lasts for eight calendar days or longer, you should submit a medical statement/certificate.

Name: _____

Address: _____

Post: _____ Grade: _____

Unit/Hospital/Dept: _____

First Date of Absence: _____

When did you notify your absence and to whom? _____

Date of return to work (if known): _____

State briefly why you are unfit for work: _____

Have you consulted a doctor or visited a hospital? Yes . No .

Was the absence due to an accident at work? Yes . No .

Is the absence due to a Road Traffic Accident? Yes . No .

I declare that the information given is true to the best of my knowledge.

Signature: _____ Date: _____

Giving false information may result in loss of sick pay benefits and disciplinary action.

THIS SECTION IS FOR YOUR HEAD OF DEPARTMENT/NURSING OFFICER TO COMPLETE.

Comments/Action Taken:

Signature: _____ Date: _____

Designation: _____