# Self-certification form

To complete this form, the sickness absence must be **7 calendar days or fewer** (including weekends and non-working days). For absences longer than 7 days, a **fit note (doctor’s certificate)** is required.

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| --- | --- | --- | --- |
| **Employee details** | | | |
| Name | | Job title | |
| Team | | Line Manager | |
| **Absence details** | | | |
| First day | Last day | | Total no. of days |
| Reason for absence | | | |
| **Medical consultation** | | | |
| If you have consulted a doctor or medical professional, please provide details (e.g. advice given, medication prescribed) | | | |
| **Workplace incident or injury** | | | |
| If your absence is related to a workplace incident or injury, please provide details and confirm if it was reported: | | | |
| **Declaration** | | | |
| I confirm that I was unfit for work during the dates stated above and that the information provided is accurate to the best of my knowledge | | | |
| Signed by employee | | Signed by line manager | |
| Date | | Date | |