

SICKNESS ABSENCE – SELF CERTIFICATION FORM – Part 1

Please complete this self-certification form for all sickness absence (includes part days). If your absence continues beyond 7 calendar days, you must submit a medical certificate from your GP from the 8th calendar day of absence onward in addition to this form. Failure to complete this form will result in your absence considered to be unauthorised and you will not be paid. **Note to Managers – please forward to Payroll on receipt to ensure payment of sick pay.**

Surname:.....

Forename:..... **Title:**.....

Department:..... **Directorate:**.....

Date sickness absence commenced:..... **Date last worked:**.....

Indicate if first day of absence was a whole day or part day: **Whole/Part**

Last date when you were unfit for work:..... **Date of return to work:**.....

Return to work interview done:.....(date) with:.....(name)

Reason for Absence – please tick appropriate box

| | | | |
|-------------------------------|--|--------------------------|------------------------|
| Blood disorder | Cancer | Cardiac/Coronary | Cold/influenza |
| Dental Pain | Dermatological | Diarrhoea/Vomiting | Ear, Nose and Throat |
| Eyes | Gastro-intestinal | Genito-Urinary | Gynaecological |
| Headache/Migraine | Hypertension | Infections | Musculo-skeletal Back |
| Musculo-skeletal Neck | Musculo-skeletal Other Joint, lower Limb | Neurological | Other (please specify) |
| Other Mental Disorders | Pregnancy related | Psychological | Respiratory |
| Stress/Anxiety (work related) | Stress/Anxiety (non work related) | Substance/Alcohol Misuse | Surgery |

**If your absence is the result of an Industrial Injury or you are pursuing a Third Party Claim, please tick here:.....and complete Part 2*

I declare the information given is complete and correct

Signed:..... **Date:**.....

Part 2

Industrial Injury

If injured at work please give details of the accident:.....
.....
.....

Date of accident:.....**Time of accident:**.....

Where did the accident occur?:.....

Has an adverse incident form been completed?:.....

Third Party Claim

If your injuries were received in a road accident or similar accident in which recovery for loss of earnings may be made against a third party, a loan equivalent to sick pay will be given on the understanding that you include any amount paid in excess of statutory sick pay in your claim against the third party. In the event of your claim being successful the amount is to be repaid to Royal United Hospital Bath NHS Trust. If you require a statement of the loan, please write or ask your solicitor to write to Head of Financial Services, Finance Department, Royal United Hospital, Bath NHS Trust, Combe Park, Bath, BA1 3NG

Declaration:

I declare the information given is complete and correct

Signed:.....**Date:**.....