CARE 24/7 HEALTHCARE

Care 24/7 Healthcare Limited
Address: 1-3, MAP House, St Leonards Road, Eastbourne, BN21 3UT
T: 01323 370232 | **E:** info@care247healthcare.co.uk
W: www.care247healthcare.co.uk | Registration Number: 09909827

BS2.17

Staff Sickness Self-Certification

A: EMPLOYEE DETAILS	
Name:	**Job Position:**

B: SELF-CERTIFICATION	
DATES OF ABSENCE FROM WORK	
FROM	**TO**
Date:	Date:
Day:	Day:
Time: ☐ am ☐ pm	Time: ☐ am ☐ pm
DETAILS OF SICKNESS / INJURY:	

C: DETAILS OF MEDICAL TREATMENT RECEIVED			
Name, Address & Tel No. of GP: Tel No:_____			
Date(s) of Visit(s):			
Treatment Received:		Current Medication / Treatment:	

D: DECLARATION		
VERIFICATION:	I give my permission for these facts to be verified.	_____ Signature
DISCLOSURE:	I certify that I have been incapable of attending work on the dates shown due to the sickness / injury *(delete as appropriate)* disclosed. I understand that giving false information will result in disciplinary action being taken against me.	_____ Signature

Signature: _____ Date: _____