

CONFIDENTIAL

**SICKNESS ABSENCE
SELF CERTIFICATION AND RETURN TO WORK FORM**

After every period of sickness absence you must complete a 'Self Certification and Return to Work' form so that:

- We can make sure your sick pay entitlements are calculated correctly.
- You and your manager can agree your fitness to return to work.
- We can investigate, record and in appropriate cases report any absences due to injury or ill health at work.

Please ensure that you complete all parts of this form and give it to your line manager or supervisor for verification.

All employees:

First Name (please print):	Surname (please print)
Directorate	Team Name
Payroll no:	NI no: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Job Title:	

Date of first day of sickness: ___/___/___
(include any non-working days)

Date of last day of sickness: ___/___/___
(include any non-working days)

Reason for Absence

All employees: From the list below, please tick the box next to the **ONE** category that best fits your reason for absence. If you consider that more than one category applies, please tick the box for the main condition and fill in the 'Other' box below.

You **must** complete the section below even if a doctor's certificate has already been supplied.

<input type="checkbox"/>	01	Musculo-skeletal: Back & neck includes sprains, strain, whiplash, slipped disc, trapped nerve	<input type="checkbox"/>	07	Neurological; headaches & migraines includes epilepsy, fainting, concussion, blackouts, dizzy spells
<input type="checkbox"/>	02	Other musculo-skeletal problems includes legs, feet, arms, hands, broken bones, sprains and joint problems, arthritis	<input type="checkbox"/>	08	Stress, depression, anxiety, mental health & fatigue includes mental illnesses, nervous debility/disorder, insomnia, exhaustion
<input type="checkbox"/>	03	Eye, ear, nose & mouth/dental; sinusitis Includes eye/ear/dental pain, conjunctivitis, loss of hearing/vision	<input type="checkbox"/>	09	Genito-urinary; menstrual problems Includes urinary infection, period pain, gynaecological/genital conditions
<input type="checkbox"/>	04	Chest, respiratory includes asthma, bronchitis hay fever, chest infections	<input type="checkbox"/>	10	Pregnancy related (Excluding Maternity Leave)
<input type="checkbox"/>	05	Heart, blood pressure, circulation includes high cholesterol/blood pressure	<input type="checkbox"/>	11	Stomach, liver, kidney, digestion includes diarrhoea, food poisoning, vomiting, other gastrointestinal illnesses, constipation, IBS, Crohns
<input type="checkbox"/>	06	Infections All viruses & viral infections includes flu, cold, cough, throat infections, sore throats	<input type="checkbox"/>	12	Other Please detail below (<u>only use where other categories cannot be applied</u>)

Do you consider that your work has in any way contributed to your illness? (* If "Yes", please complete the 'Other' box below)	Yes * :	<input type="checkbox"/>		No:	<input type="checkbox"/>
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Other (Please state absence reason only if this is not detailed above. Absences should be recorded using the above reasons whenever possible. This box should be used to state the secondary reason for absence again using the standard categories whenever possible).

Accidents/Work Related Illness

All Employees

Have you completed an incident report form confirming that your absence has been due to work related injury or ill health (excluding stress, for which this certificate is sufficient) Please tick if 'Yes':

Have you been absent due to an accident not connected with work, e.g. sport, gardening? Please tick if 'Yes':

All Managers remember: If the employee has been injured, or suffered ill health, in connection with work, you must complete an incident report form. This should not be completed for stress that is alleged to be work-related, this certificate will suffice as a record.

Prescribed conditions

Are you suffering from and declaring a prescribed condition defined by either:

- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR); or
- The Social Security Acts for the purposes of awarding Statutory Benefits under the Industrial Injuries Scheme (IIS)?

If the answer is 'Yes' enter the prescribed condition reference number here:

Please attach your GP's medical certificate that confirms the diagnosis. Your GP will be able to identify the relevant reference number that defines the condition and diagnosis, which is why you must provide a GP's medical certificate. This will enable the school to comply with its statutory duty to notify RIDDOR prescribed diseases to the Health and Safety Executive and assist in ensuring that you receive the appropriate benefit entitlements.

In either case, the school will seek your informed consent for you to be referred to the school's Occupational Health Service for a health assessment.

Signatures

Employees: I confirm that this is a true and accurate statement:

Signature:

Date:

Line-manager or supervisor:

Please ensure that the reason for absence has been ticked overleaf.

I confirm that I have spoken to this employee on his/her return to work and the return to work procedure has been completed

I confirm that an incident report form has been completed because the absence arises from work related injury or ill health (excluding stress) and that this has been submitted to the Headteacher

Name:
(please print)

Signature:

Date: