Marsh Green Primary School

SICKNESS RETURN TO WORK FORM (SELF CERTIFICATE)

To be completed and discussed with the sickness reviewer (Vicki Weekes) on the first day back
If the absence has exceeded 7 days please attach the medical note/s from your doctor

THIS SECTION TO BE COMPLETED BY THE EMPLOYEE

Name							
Normal Hours/ Days	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
From:							
To:							

Sickness Absence	Start Date	End Date	Total Work Days Absent

Medical Note Attached		Yes		No
Reason for Period of Sickness Absence				
Sickness Reporting Category Please choose the single nearest best fit		Back, Neck		Musculo-Skeletal
		Chest, Respiratory		Neurological
		Ear, Nose, Throat		Pregnancy Related
		Genito-Urinary		Stomach, Liver, Kidney, Digestion
		Heart, Blood Pressure, Circulation		Stress, Depression, Mental Health
		Infections		Other
Employee's Comments Including any support required and any medication as a result of absence				
Employee's signature			Date	

THIS SECTION TO BE COMPLETED BY THE SICKNESS REVIEWER

Total Sickness Absence Days/ Periods absent in the last twelve months (including this occasion)	Days = Periods =
Reviewer's Comments: Including any support required	

Reviewer's signature		Date	

Absence Register ☐ **HR Portal** ☐ **Date:** _____ **Initials:** _____