**Appendix 6a**

**Self-Certification of Sickness Absence**

**A self certification should be completed following absences that are 7 days or less should be completed after every occasion of sickness absence (within 3 working days of return).**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Certification of Sickness Absence** *(to be completed by Employee)* | | | | | | | | | | | | | | | |
| **Section A: Employee Details** | | | | | | | | | | | | | | | |
| Name: |  | | | | | | Employee Number: | | | |  | | | | |
| Address: |  | | | | | | | | | | | | | | |
| Job Title: |  | | | | | | Department / Ward: | | | |  | | | | |
| **Section B: Sickness Absence Details** | | | | | | | | | | | | | | | |
| First Date of Absence from Work\*: | | | |  | | | Last Date of Absence from Work: | | |  | | | | | |
| \*If you went home ill part way through a shift, please provide date, shift start time and time you left: | | | |  | | | | | | | | | | | |
| Date Absence was Reported: | | | |  | | | To Whom the Absence was Reported: | | |  | | | | | |
| Number of Shifts / Working Days absent: | | | |  | | | Total Calendar Days Absent from Work: | | |  | | | | | |
| Reason for Absence: | | |  | | | | | | | | | | | | |
| Please indicate if the absence is self or medically certified (complete both were appropriate): | | | | | | | | | | | | Yes No | | | |
| Is your absence due to an accident while at work? | | | | | | Yes No | | If yes, was an incident form completed? | | | | | | Yes No | |
| Was the absence related to gastrointestinal conditions i.e. Noro Virus? | | | | | | Yes No | | If yes, have you had hand hygiene training in the last 12 months? \* | | | | | | Yes No | |
| \*If no, please contact Infection Control for guidance and training. | | | | | | | | | | | | | | | |
| Are you fit to fully resume your normal duties? | | | | | Yes  No | | | | | | | | | | |
| If no, provide further details: | | | |  | | | | | | | | | | | |
| **Employee Declaration** | | | | | | | | | | | | | | | |
| I declare that all information provided to the Trust in relation to this absence is correct and I confirm that the above record is accurate. | | | | | | | | | | | | | | | |
| Employee Signature: | |  | | | | | | | Date: | | | |  | |  |
|  | |  | | | | | | | | | | | | | |