**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).**

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| **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: |  |  |
|  |  |