Viamed Limited
Self Certification of Sickness Record

CPMF 05 — SELF-CERTIFICATION OF SICKNESS ABSENCE

This form should be completed following any sickness absence of up to seven consecutive calendar days.

Where sickness lasts for more than seven consecutive calendar days, a valid fit note must normally be provided from the eighth day.

Employee details

Name:

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Job title or department:

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Sickness absence details

First day of sickness absence, including date and time where applicable:

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Last day of sickness absence:

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Date returned to work:

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Total number of calendar days absent:

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Total number of working days absent:

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Reason for absence

Please provide a brief and specific description of the illness or injury:

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Was the illness or injury caused or made worse by work?

☐ Yes ☐ No ☐ Unsure

Where “Yes” or “Unsure” is selected, please provide brief details:

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Was the absence related to pregnancy?

☐ Yes ☐ No ☐ Not applicable

Have you sought medical advice?

☐ Yes ☐ No

Is a fit note attached?

☐ Yes ☐ No ☐ Not required

Return to work

Are you now fit to carry out your normal duties?

☐ Yes ☐ No ☐ Yes, with temporary support or adjustments

Please provide details of any continuing symptoms, restrictions, medical advice or support that may be required:

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Employee declaration

I declare that the information provided on this form is true and complete to the best of my knowledge.

I understand that deliberately providing false or misleading information may be investigated under the company's disciplinary procedure.

Employee signature:

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Date:

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Management review

Return-to-work discussion completed:

☐ Yes ☐ Not required

Any further action or support agreed:

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Reviewed by:

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Signature:

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Date:

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