

Viamed Limited

Self Certification of Sickness Record

To be used for any sickness of four days or more.

Name:

Address:

.....

First Day of Absence from Work (date and time):

Last Day of Absence from Work (date and time):

Reason for Absence (enter specific reason):

.....

A doctors note is / is not * attached

I declare that the above information is true and complete. I understand that giving false or inaccurate information is a disciplinary offence, which could result in my dismissal:

Signed:

Date:

* Delete as appropriate.

A doctor's certificate is required only for sickness absence of eight days or more.