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Sickness Declaration Form

Section 1 – *To be completed by Line Manager*

Employee Name:	
Department:	

Information about the absence

Message Received From:	
Date & Time:	

Section 2 – *To be completed by employee upon return to work*

Date of first working day absent from work?	
What date did you return to work?	

Duration and nature of your absence

Were you ill for longer than 7 calendar days?	YES ☐ NO ☐ If you answered yes to this question you will be required to provide a Statement of Fitness for Work (Fit Note) from your GP in line with company absence procedure
Have you provided a Statement of Fitness for Work (Fit Note)?	YES ☐ NO ☐ N/A ☐

Nature of your illness (Please provide us with a brief description of the reason(s) for your absence)

Was your absence caused by an accident at work?	YES ☐ NO ☐
Did you complete an Accident Report Form?	YES ☐ NO ☐ N/A ☐

Signed By Manager:		Signed By Employee:	
Date:		Date:	

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Return to Work Meeting Form

Section 3 – *Return to Work Meeting*

Date of Meeting:	

1. Do you feel fully fit to return to work?	YES ☐ NO ☐

2. Have you been prescribed any medication? If yes, will it affect your work?

3. Is the problem likely to be on-going or re-occur?

4. Are you required to attend any further GP or specialist appointments?

5. Does the Statement of Fitness for Work require any adjustments to be made in order for you to attend work?

6. Is there any part of your role that you currently feel unable to manage or require additional support?

7. Is there anything else you would like to discuss about your return to work?

Outcome of Meeting

No further action required		Further work review meeting required	
Manager to seek advise		Referral to occupational health	
Formal absence review meeting required		Phased return to work / action plan required	

Signed By Manager:		Signed By Employee:	
Date:		Date:	