

Sickness Self Certification Form

This form must be completed for all periods of absence from work due to sickness, including half days, and returned to the Office Manager on your first day back at work

CONFIDENTIAL

Full Name:

YASMIN DAMULAK

First date of Sickness:

10 / 01 / 2022

Last Date of Sickness:

10 / 01 / 2022

Total number of days absent:

1

Details of Sickness:

COLD / FLU

Was your sickness caused by an accident at work?

Yes / No

Was a doctor's visit made:

Yes / No

Is a Doctor's Medical Certificate attached (this must be produced for periods of absence of five (5) consecutive working days or more)?

Yes / No

Declaration

I understand that to give false information on this form could mean the withholding of sick pay and may also lead to disciplinary action being taken.

Signed: _____



Date: _____

12 / 01 / 2022