**APPENDIX 2**

NHS FORTH VALLEY SELF-CERTIFICATE

In Confidence

THIS FORM SHOULD BE COMPLETED AT THE RETURN TO WORK DISCUSSION AND RETAINED BY THE LINE MANAGER IN A SECURE FILE

A Self Certificate Form must be completed to cover the first 7 days of absence due to sickness.

|  |  |
| --- | --- |
| **Name (Capitals):** |  |
| **Unit/Department:** |  |
| **Base:** |  |
| **Job Title:** |  |
| **Date of Birth:** |  |
| **National Insurance Number:** |  |
| **Payroll Number:** |  |

Please give brief details of your sickness:

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|  |  |
| --- | --- |
| **When was the last day you worked:** |  |
| **On what date did your sickness begin:** |  |
| **What date did you return to work:** |  |
| **On what date did your sickness end:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name (print):** |  | | |
| **Employee Signature:** |  | **Date:** |  |