

Statement of Fitness for Work

For social security or Statutory Sick Pay

Patient's name

I assessed your case on:

and, because of the following condition(s):

I advise you that: ☒ you are not fit for work.
☐ you may be fit for work taking account of the following advice:-

If available, and with your employer's agreement, you may benefit from:

- | | |
|---|---|
| ☐ a phased return to work- | ☐ amended duties- |
| ☐ altered hours- | ☐ workplace adaptations- |

Comments, including functional effects of your condition(s):

This will be the case for
or from to

I ~~will~~ will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement

Doctor's address



Unique ID: Med 3 01/17 A9EC1380-90DD-4D76-AC11-B98A1ED1CFFA

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data

Help getting back to work if you are employed

If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:

- in England and Wales visit www.fitforwork.org or phone **0800 032 6235**
- in Scotland please visit www.fitforworkscotland.scot or phone **0800 019 2211**.

What your doctor's advice means

'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work': You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.

For more information please visit www.gov.uk and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname	Mr, Mrs, Miss, Ms MARGERY
Other names	KATRINA
Address	1 WING HOUSE, WING ROAD LEYSDOWN-ON-SEA SHEERNESS Postcode ME12 4QR
Date of birth	24 / 05 / 1967 Mobile
NI number	

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.