

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, Mrs, Miss, Ms Katrina Margery
I assessed your case on: 14 / 12 / 2017
and, because of the following condition(s): Pain in both feet
I advise you that: [X] you are not fit for work.
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 14 / 12 / 2017 to 15 / 01 / 2018
I will not need to assess your fitness for work again at the end of this period.
Doctor's signature
Date of statement: 14 / 12 / 2017
Doctor's address: Leysdown Surgery, 36 Leysdown Road, Leysdown-On Sea, Sheerness ME12 4RE
Unique ID: Med 3 04/10- F2462FC0-2E48-425B-BEE4-C5199997B2DA

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration.
What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer.
If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided.
Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office.
If you want to make a new claim to social security benefits you can:
• download a claim form at www.direct.gov.uk/benefits, or
• phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS
Surname: MARGERY
Other names: KATRINA
Address: 1 WING HOUSE, WING ROAD, LEYSDOWN-ON-SEA, SHEERNESS, Postcode ME12 4QR
Date of birth: 24 / 05 / 1967
National Insurance (NI) number:
Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.
Signature:
Date: / /
If you have signed this form for someone else, please tick here: