Sickness Self–Certification Absence Form

Riding Establishment:

This form should be completed on your return to work after sickness. Where the sickness is **more than 7 calendar days**, you will need to provide 'fit notes' to cover the period of absence beyond the first 7 days.

Name:			
Dates of Absence	**Day**	**Date**	**Time**
First date of absence:			am/pm
Last date of absence:			am/pm
Date of return to work:			am/pm
Total number of days sick:			
Details of sickness or injury:			
Did you consult a Health Professional?	No ☐	Yes ☐	Date of visit:
If yes, please give details of:	Name:		Telephone or Email:
	Doctor ☐ Registered Nurse ☐ Occupational Therapist ☐ Pharmacist ☐ Physiotherapist ☐		Address:
Details of any treatment received and any current treatment:			

Declaration

I certify that I was incapable of work because of my sickness/injury on the dates shown above and that this information is true and accurate.

- I acknowledge that false information will result in disciplinary action.
- I hereby give my employer permission to verify the above information.

Signed _____ **Acknowledged** _____

Employee Employer

Date _____

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