

# EMPLOYEE SICKNESS - SELF CERTIFICATE PRIVATE & CONFIDENTIAL

**NOTE: To be completed in the case of sickness absences from 1-7 days duration****. Please complete in BLOCK CAPITALS**

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| Name |  | Department |  |
| Job Title |  | Department Section |  |
| Staff no.(on your ID badge) |  | Line Manager |  |

# PERIOD OF SICKNESS

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| --- | --- | --- | --- |
| Date of First Day of Sickness Absence |  | Date of Last Day of Sickness Absence |  |
| Date of Return to Work |  | No. of sickness days from work |  |
| Reason for Absence (see list overleaf) |  | Absence Category(see list overleaf) |  |

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| --- | --- |
| Could your absence have been due to a work-related injury/condition? | [ ]  **Yes** [ ]  **No** |
| Has an accident report form been completed? | [ ]  **Yes** [ ]  **No** | Is the absence related to a previous absence? | [ ]  **Yes** [ ]  **No** |

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| **DECLARATION**I declare that I have not worked during the period of sickness stated above and that the information given is factually correct. I understand that to give false or misleading information can result in disciplinary proceedings. |
| Signature |  | Date |  |
| Line Manager’s Signature |  | Date |  |

 **Warning:** Under the Data Protection Act 2018, ‘Sensitive Data’ such as details of sickness absence will be held about you. The above data will be used to calculate and pay benefits, meet Health & Safety requirements and to meet the RVC’s duty of care to all employees. In signing this form you consent to processing of personal data within the terms of the RVC’s data protection policies.

***Guidance Notes for Self-Certification***

* The ‘Employee Self Certification’ form must be completed by all staff for each period of absence including single day absences which are not covered by a doctor’s certificate.
* All staff must report any absence on the first day by telephoning their line manager or designated deputy. It is not acceptable to text, or leave a message with reception or colleagues who are not designated.
* Details of any absence must also be conveyed to the department’s designated sickness co-ordinator prior to the end of each week.
* Upon the day of return from any absence not covered by a doctor’s certificate the ‘Employee Self-Certification’ form must be completed, signed by both the employee and line manager and forwarded to Human Resources within 3 working days of the return to work date.
* If sickness absence exceeds 7 days (including Saturday & Sunday) you must obtain a Statement of Fitness for Work from your GP or hospital doctor and send this to Human Resources.
* The term ‘work-related’ means that the injury/condition occurred whilst on University premises/business.
* When completing the ‘Reason for Absence’ the attached list should be used. **Please state, as a minimum, a sickness category. It is the employee’s choice if they wish to disclose specific reasons.** Please make sure you have the employee’s consent before returning specific reasons.
* If you have difficulty selecting a category, please contact Human Resources for clarification.
* All staff should have a return to work interview with their Line Manager on the day of return from absence. A form is available for this purpose on the Human Resources website.

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| **ABSENCE CATEGORY** | **Absence reason examples** | **ABSENCE CATEGORY** | **Absence reason examples** |
| **Musculo-skeletal Back & Neck** | Sciatica | **Respiratory** | Colds, fluPneumonia / bronchitis Asthma - work–related Asthma - otherLung infectionsTB**Coronavirus** |
| **Musculo-skeletal Upper limb** | Arm, hand Shoulder | **Skin** | Eczema Psoriasis Shingles InfectionsAllergy - work-related Allergy - other |
| **Musculo-skeletal other** | Lower limb Head injuries Other injuriesRoad traffic accidents Multiple injuries Abdominal strain ArthritisInguinal Hernia Hiatus Hernia | **Genito Urinary** | Recurrent miscarriage CystitisStones Pregnancy Hysterectomy D & CProstate conditions Period pains Irregular bleeding |
| **Cardiovascular** | High blood pressure Angina / Heart Attack StrokeDeep vein thrombosis (DVT)Varicose veins Palpitations Heart operationsReynaud’s DiseaseBlood Disorders | **Nervous system** | Migraine Multiple sclerosis EpilepsyVertigo Cerebral Palsy |
| **Gastro-intestinal** | Bowel disorders Liver / Gall bladder Acid reflux Diarrhoea / Vomiting Haemorrhoids (piles) AppendicitisUlcer | **Misc symptoms** | Malaise / debility Headache Dizziness Glandular Fever Post viral lethargy |
| **Mental Ill Health** | Major psychiatric illness Stress / PTSDAnxiety / Panic disorder DepressionEating Disorders OCDDrug induced psychosis | **ENT & Eyes****(Ear, Nose & Throat)** | Allergy - work-related Allergy – other Infections / sinusitis HayfeverSleep Apnoea |
| **Cancer** | Unspecified cancers Hodgkins Lymphoma Leukemia | **Other** | Childhood (infectious) diseasesAlcohol and drug addictionDentalIndecipherable conditions |
| **Endocrine** | DiabetesHypo/hyperthyroid | Menopausal Symptoms | Common symptoms include:Hot flushesNight sweatsAnxietyDizzinessFatigueMemory lossDepressionHeadachesRecurrent urinary tract infectionsJoint stiffness, aches and painsReduced concentration Heavy periods |