

Company Information	
Client Name	
Client Reference	
Employee Name	
Employee No	
Date	
Sickness/Leave Information	
My Illness	Began on _____ (precise date including Saturday or Sunday where appropriate) My absence was from _____ to _____
Symptoms	(if you feel you are unable to give details of your illness to your manager, please insert 'personal')
Medical Advice	Did you consult your doctor Yes/No I consent to my doctor being approached as necessary Yes/No
Doctor's Details	Name of Doctor Address of Doctor Telephone Number
Return to work	Are you fit to return to work? Yes/No
Staff Signature	
Approved	Signed:
Position	
Dated	