

REQUEST FORM FOR A MED3 (FIT/SICK NOTE) CERTIFICATE

<p>PLEASE ALLOW UP TO 5 WORKING DAYS FOR THIS CERTIFICATE TO BE READY TO COLLECT.</p> <p>YOU CAN SELF-CERTIFY (DECLARE YOURSELF AS UNWELL) FOR THE FIRST 7 DAYS OF YOUR ILLNESS, AFTER 7 DAYS YOU CAN ASK FOR ONE OF THESE CERTIFICATES, BUT ONLY IF YOU HAVE SEEN A MEDICAL PROFESSIONAL (SUCH AS A DOCTOR).</p>	<p>IF YOU ALREADY HAVE A FIT/SICK NOTE AND NEED A NEW ONE AS YOU ARE STILL UNWELL, DO NOT REQUEST ONE UNTIL YOUR OLD ONE HAS ENDED, WE WILL BACK DATE YOUR NEW ONE IF APPROVED.</p>
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TODAY'S DATE:	
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ABOUT YOU (TICK WHICH BOX IS CORRECT):

MASTER	MR	MRS	MISS	REV	
MS	MX	DR			

YOUR FIRST NAME/S:	
YOUR SURNAME/S:	

YOUR DATE OF BIRTH:		YOUR EMAIL ADDRESS:	
DATE YOUR ILLNESS STARTED:		YOUR TELEPHONE NUMBER:	

THIS IS A REQUEST FOR (TICK WHICH BOX IS CORRECT):

A NEW CERTIFICATE (YOU HAVE SELF CERTIFIED YOURSELF AS UNWELL FOR 7 DAYS ALREADY):	TO EXTEND ONE YOU ALREADY HAVE:
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YOU WOULD LIKE YOUR CERTIFICATE TO BE (TICK WHICH BOX IS CORRECT):

PRINTED FOR ME (COLLECT FROM THE MAIN DESK):		SENT BY TEXT MESSAGE/NHS APP TO MY PHONE:	SENT TO ME VIA EMAIL:
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THE DATE YOU NEED THIS CERTIFICATE TO START:		THE DATE YOU NEED THIS CERTIFICATE TO FINISH:
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TELL US ABOUT YOUR ILLNESS (THE REASON YOU ARE UNWELL) HERE:			
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YOU SIGN HERE:		RECEPTION ONLY, ADD YOUR INITIALS HERE:	
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