

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

PLEASE ALLOW UP TO **5 WORKING DAYS** FOR THIS CERTIFICATE TO BE READY TO COLLECT.

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).**

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.

TODAY'S DATE:

### ABOUT YOU (TICK WHICH BOX IS CORRECT):

MASTER	<input type="checkbox"/>	MR	<input type="checkbox"/>	MRS	<input type="checkbox"/>	MISS	<input type="checkbox"/>
MS	<input type="checkbox"/>	MX	<input type="checkbox"/>	DR	<input type="checkbox"/>	REV	<input type="checkbox"/>

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):

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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:

☐

THE DATE YOU NEED THIS  
CERTIFICATE TO START:

THE DATE YOU NEED THIS  
CERTIFICATE TO FINISH:

TELL US ABOUT YOUR ILLNESS (THE REASON YOU ARE UNWELL) HERE:

YOU SIGN HERE:

RECEPTION ONLY, ADD  
YOUR INITIALS HERE: