

**Employer Name:**

Employee Name .....

My absence from ..... To .....

Was due (or is continuing to be due) to:

.....  
.

- I have not visited my Doctor
- I have visited my Doctor on .....

My Doctor's name and surgery is:

.....  
.....

Signed ..... Date .....

Countersigned  
Employer ..... Date .....

- Delete as applicable

**Notes:**

1. A certificate of injury in this form must be submitted for absences caused by sickness or injury whether or not sick pay is due.
2. If the absence extends beyond 7 days, a Doctor's certificate must be submitted for each succeeding week/period