

**BICKENHILL & MARSTON GREEN PARISH COUNCIL**

**SICKNESS SELF CERTIFICATION ABSENSE FORM**

This form is to be completed on your return to work following any period of sickness of seven days or less and handed to the Clerk of the Council.

If you are returning to work after a sickness absence of more than seven days you should also provide a medical certificate to the Clerk.

Name: .....

Position: .....

**1. Dates of sickness (including non-working days)**

From:

To:

**2. Dates of Absence**

From:

To:

**3. Details of sickness or injury:**

.....  
.....

**4. Was a medical practitioner consulted? YES/NO**

**5. If yes, please give details of:**

Doctor's Name: .....

Doctor's Address: .....

Date(s) of visit(s): .....

Treatment received: .....

Any current treatment: .....

**6. Declaration**

I certify that I have been incapable of work due to my sickness/injury on the above dates and this information is true and accurate.

I certify that if the absence was due to an injury I have made an entry in the Accident Report Book located in the Parish Office.

I acknowledge that false information will result in disciplinary action.

Signed: ..... Date: .....

Approved: ..... Date: .....