

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name **1**

I assessed your case on: **2** /

and, because of the following condition(s): **3**

I advise you that: **4** you are not fit for work.

5 you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:

a phased return to work

amended duties

altered hours

workplace adaptations

Comments, including functional effects of your condition(s):

7

SAMPLE

This will be the case for **8**

or from **9** / to /

10 I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement /

Doctor's address **11**

Detailed form description

1. The name of the employee.
2. The date of the doctor's assessment of the employee. An assessment can mean a face to face consultation, a telephone consultation or the consideration of a written report from another doctor or registered healthcare professional.
3. The condition or conditions that affect the employee's fitness for work.
4. This box will be ticked when the doctor's assessment of the employee is that they have or had a health condition that prevents them from working for the stated period of time.
5. This box will be ticked when the doctor's assessment of the employee is that their condition does not necessarily stop them from returning to work. However, they may, for example, not be able to complete all of their normal duties or could benefit from amended working hours.
6. These four tick boxes represent common ways to aid a return to work. The doctor will tick one or more of these options when they feel they could help the employee return to work. This list is not exhaustive and there may be other ways to help the employee return to work.
7. Where the 'may be fit for work' box has been ticked, the doctor will add information on the functional effects of the employee's condition and what could help a return to work. Where a doctor feels an assessment by an occupational health professional is required, they will state it here.
8. Here, the doctor will state the period the advice covers for a forward period, which during the first 6 months of sickness can be up to a maximum of 3 months. Any period in days refers to calendar days not working days. In some cases the employee will be able to return, with

the employer's agreement, to work or their normal duties before the end of this period. If this happens they will not need to see the doctor again for another Fit Note.

9. The doctor will use this section when they wish to state precise dates for the period during which the advice applies. This will be for one of three reasons:
 - the Fit Note covers a period based on a previous assessment during which a Fit Note was not issued (for example because the doctor did not have any forms with them); or
 - the Fit Note is for less than 14 days and the doctor does not need to see the employee again; or
 - the doctor believes it will be helpful to state a specific date for the employee to return to work as part of their recovery.
10. The doctor will state here if they need to assess their patient's fitness for work again at the end of the Fit Note period. Where the doctor does not need to see the patient again, in most cases the employer can expect the employee to return to work or their usual duties at the end of the Fit Note period. If the doctor needs to see the patient again and during the subsequent consultation they feel the employee is able to return to work without any functional limitations, the doctor will not issue the employee with a new Fit Note.
11. The doctor will sign, date and stamp or print their address on the Fit Note.