Aston University

Self Certification Form

Section one to be completed by the employee
This form should be used to self certify up to the first seven days of sickness. It should be completed and returned to your manager.

Your details

Surname

First Name

School/Department

On which date did your sickness begin? DD MM YY

On which date did you return to work? DD MM YY

If you left work part way through a normal working day due to your sickness, what time did you leave?

(enter time in 24 hour format)

Reason for absence: please tick as appropriate.

Anxiety/stress/depression ☐
Back problems ☐
Chest & respiratory problems / asthma ☐
Cold/cough/influenza/ear, nose, throat problems ☐
Diabetes/thyroid ☐
Eye problems ☐
Gynaecological /pregnancy related ☐
Headache/migraine ☐
Heart/cardiac & circulatory problems ☐
Infectious diseases ☐
Injury including fractures ☐
Stomach upset / other gastro-intestinal problems ☐

Other, please state ☐

Was your sickness caused by an accident at work or an industrial disease? Yes ☐ No ☐
If you answered 'yes', you may be able to get Industrial Injuries Disablement Benefit. Please ask at your nearest Jobcentre Plus Office.

Signature and date

I confirm that the information given above is correct to the best of my knowledge.

Signature

Date DD MM YY

Section two to be completed by the Manager
Please countersign the Self Certification and return to your local sickness absence administrator or Human Resources.

Signature

Date DD MM YY