|  |  |
| --- | --- |
|  |  **The Highland Council****Self-Certified Sickness Form** |
| You should use this form in all cases of absence due to sickness (which is not covered in full by Fit Notes). This form should be completed on return to work and passed to your manager/supervisor and the local office of your Service. This certificate should only cover days off up to and including the first seven days of your sickness absence, which includes Saturday and Sunday. Use the tab or F11 key in order to move between fields. The form may then be saved and printed or emailed to your manager/supervisor and the local office of your service.  |
|  |  |
| **Employee Details** |   |
| **Payroll No:** |  |
| **Give Details of any other jobs in the Council:** |       |
| **Surname:**  |       | **First Name(s):** |       |
| **Address:** |            | **Post Code:** |       |
|  |
| **Details of Sickness** |  |
| **First Day of Sickness** |       (Day) |       (Date) |
| **Last Day of Sickness \*** |       (Day) |       (Date) |
| \* (or 7th day where sickness extends beyond 7 calendar days) |
| **Reason for Absence:**  |  |  |  |
| **Alcohol/Drugs** | **[ ]**  | **Amputation or loss of limb** | **[ ]**  |
| **Anxiety, depression, PTSD or PTSR** | **[ ]**  | **Asthma, bronchitis, chest & resp** | **[ ]**  |
| **Auto immune disease (incl: coeliac)** | **[ ]**  | **Back pain / Sciatica** | **[ ]**  |
| **Bacterial infection (incl: Lymes)** | **[ ]**  | **Blood clot / Thrombosis** | **[ ]**  |
| **Broken bones/fracture** | **[ ]**  | **Burn or scald** | **[ ]**  |
| **CFS / Myalgic Encephalomyelitis** | **[ ]**  | **Cut or scratch** | **[ ]**  |
| **Dental** | **[ ]**  | **Diabetes, thyroid diseases, etc** | **[ ]**  |
| **Diarrhoea, Vomiting** | **[ ]**  | **Dislocation** | **[ ]**  |
| **Earache** | **[ ]**  | **Epilepsy, syncope, impaired consciousness** | **[ ]**  |
| **Fibromyalgia** | **[ ]**  | **Gastro (PUD, IBS, Gallstones, Crohns)** | **[ ]**  |
| **Gynaecological** | **[ ]**  | **Headache / Migraine** | **[ ]**  |
| **Heart-related (incl blood pressure, circ)** | **[ ]**  | **Hypothermia** | **[ ]**  |
| **Irritation** | **[ ]**  | **Kidney, bladder, prostate** | **[ ]**  |
| **Liver** | **[ ]**  | **Long covid** | **[ ]**  |
| **Loss of sight (partial or total)** | **[ ]**  | **Muscle strain / sprain** | **[ ]**  |
| **Neurological, MS, Parkinsons** | **[ ]**  | **Occupational diseases** | **[ ]**  |
| **Other musculoskeletal problems** | **[ ]**  | **Psychosis or behavioural problems** | **[ ]**  |
| **Puncture wound** | **[ ]**  | **Rheumatological (arthritis, myalgia)** | **[ ]**  |
| **Skin (incl. allergies)** | **[ ]**  | **Stress, Debility** | **[ ]**  |
| **Stroke** | **[ ]**  | **Unitary Tract Infection** | **[ ]**  |
| **Tumours, benign and cancerous** | **[ ]**  | **Viral (covid, cold, flue, sore throat)** | **[ ]**  |
|  |  |  |  |
| **Injury outside work (describe below)** | **[ ]**  | **Other (describe below)** | **[ ]**  |
|  |
| **Further Details:** |  |
| **Accident at Work:** | (Date) | (Details) |
| **(if injured at work give date and details of the accident)** |  |
| **Signed:** |  | **Date:** |       |