

Statement of fitness for work

Med3 04/09

For social security or Statutory Sick Pay

Patient's name

Mr, Mrs, Miss, Ms

I assessed your case on

/ /

and, because of these condition(s):

I advise that

- you are fit for work.
 you are not fit for work.
 you may be fit for some work now.

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

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

- a phased return to work.
 altered hours.
 amended duties.
 workplace adaptations.

DRAFT

This will be the case for

or from

/ /

to

/ /

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