

Request for Fit Note from GP

Please note you are required to self-certify for the first 7 days of your absence. A Fit Note can be issued if your absence last more than 7 days.

Name:

Date of Birth:

Telephone Number:

Sick line to be dated from:

Period of time sick line to run for:

Reason for Sick line:

Is this your **FIRST** request for a Fit Note?

Yes

No

Is this an extension request for a Fit Note?

Yes

No