

SICKNESS STATEMENT

IT/093

Issue 1

Surname

Other names

Title

NI No

Date of Birth

ABOUT YOUR SICKNESS

Give brief description of your sickness

Date sickness began

Date sickness ended

(If you do not know when your sickness will end, leave this box blank)
The dates you put in these 2 boxes may be days you do not normally work.
If you are sick for more than 7 days, your employer may ask you for a medical certificate from your doctor. Medical certificates are also called sick notes or Doctor's statements.

Was your sickness caused by an accident at work or industrial disease?

No

Yes

If you answered 'Yes', you may be able to get Industrial Disablement Benefit. If you want information about claiming this benefit, ask at your nearest Department for Work & Pensions.

Your Signature

Date

