



Supporting the hair, beauty  
and barbering industries

CONFIDENTIAL

## Sickness self-certification

Self-certification is required for all absences up to and including 7 days, after which a doctor's certificate ('fit note') will be required.

Your name .....

I was absent from work due to sickness or injury from/to:

Absence start date ..... Absence end date .....

I was unfit for work for the following reason:

.....  
.....  
.....  
.....

Did you see a doctor or visit a hospital? Yes / No

What treatment did the doctor or hospital give you?

.....  
.....

Does this treatment have any effect on your ability to carry out your usual tasks and duties?

.....

### DECLARATION:

I certify that I have been unable to work because of my sickness/injury on the dates shown and that the information I have provided is true and accurate.

Signature .....

Date .....