**Sick Note Request Form**

Our healthcare team will review your request and may ask for additional information or schedule a consultation with your GP, if necessary**. *Please complete all fields that apply to avoid delays.***

|  |  |
| --- | --- |
| Name: ……………………………………………………………………. | DOB: …………………………………….. |
| Address: ………………………………………………………………… | Post Code: …………………………….. |

1. Is this an **Extension/ Continuation** of a pre-existing Sick note?

YES / NO (***If NO, please make an appointment with the GP)***

1. Sick note start date………………………………… Expected duration …………………………………
2. Expected date of return to work (if known) ………………………
3. *Reason for sick Leave. Please provide a brief description of your illness or medical condition that requires sick leave, in the box below;*

|  |
| --- |
| *Attach any supporting letter* |

Send sick note via; SMS Printout Email

**Your request will be processed within 4 working days, and approval is subject to GP discretion.**

**Please note, sick notes cannot be issued in advance but can be back dated if necessary.**

*Declaration: I hereby declare that the information provided in this form is true and accurate to the best of my knowledge. I understand that providing false or misleading information may have legal consequences and may impact the validity of the sick note.*

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_