 **Self-Certification Sickness Absence Form**

This form must be completed for all periods of sickness absence. If the absence is for less than 7 days the form can be completed upon return to work. A Statement of Fitness to Work must be obtained and sent immediately to your line manager if your sickness lasts more than 7 calendar days. For all such absences you will be required to complete this form in respect of the first 7 days either during your absence (in which case the form will be sent to you) or on your return to work.

## To be completed by the employee:

**Name** **Staff Number**

I certify that I was absent from work due to sickness during the period stated below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Day Absent** |  | **Last Day Absent**  |  | **Number of working days or hours absent** |  |

Reason for absence was as follows: **(tick only one box for the main cause)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Asthma**  |  | **Nervous system disorders** |  | **Infectious diseases (e.g. Shingles)** |  |
| **Chest/respiratory problems** |  | **Blood disorders (e.g. anaemia** |  | **Pregnancy-related**  |  |
| **Cancers and tumours** |  | **Heart, cardiac & circulatory** |  | **Skin disorders** |  |
| **Cold, cough, flu** |  | **Operation/recovery/ medical appointment** |  | **Stomach/ digestive/ gastrointestinal** |  |
| **Diabetes and other endocrine or glandular.** |  | **Burns frostbite, hypothermia** |  | **Other****Only be used if the reason for sickness absence is not listed****Details:** |
| **Ear, nose, throat** |  | **Injury, fracture** |  |
| **Dental & Mouth** |  | **Anxiety** |  |
| **Eye problems** |  | **Depression** |  |
| **Genitourinary/gynaecological disorders, excl. pregnancy** |  | **Back problems *(e.g. sciatica)*** |  |
| **Headache/ migraine** |  | **Other musculoskeletal problems (exc. Back)** |  |
| **COVID-19 RELATED REPORTING:****IMPORTANT: PLEASE ONLY COMPLETE THIS SECTION IF YOU ARE NOT WORKING FROM HOME** |
| **Confirmed Covid-19 (Coronavirus)** |  | **Symptoms of Covid-19 and following official government medical advice to self-isolate** |  | **No symptoms of Covid-19 but following official government medical advice to self-isolate** |  |
| **At greater risk of severe illness from Covid-19 and following official government medical advice to social distance** |  | **Following NHS advice to shield for 12 weeks** |  |  |

**If this absence is related to a Disability1 please tick** 🞐

**1**A person is 'disabled' for the purposes of the Equality Act 2010 where they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect their ability to carry out normal day-to-day activities'. (Section 6(1) Equality Act 2010)

Substantial means neither minor nor trivial, long term means that the effect of the impairment has lasted or is likely to last for at least 12 months. Some conditions, such as hay fever, are specifically excluded.

Sickness absence records are kept to monitor overall sickness absence trends across the University (without identifying individual cases) and to enable line managers to monitor individual absence levels/trends. In addition, the University must meet statutory obligations in relation to sick pay and statistical returns. The University is registered as a Data Controller and the personal data supplied on this form will be held in accordance with requirements of the Data Protection Act 2018 (the DPA), the General Data Protection Regulation ((EU) 2016/679) (the GDPR) and any national implementing laws, and all applicable laws and regulations relating to the processing of the Personal Data and privacy, including where applicable the guidance and codes of practice issued by the Information Commissioner or any other national data protection authority, and the equivalent of any of the foregoing in any relevant jurisdiction. The data will be held solely for the purposes of calculating occupational sick pay entitlement and for occupational health monitoring.

**Declaration** I give my consent to the University of Worcester holding the personal data on this form for the purposes of calculating occupational sick pay entitlement and for occupational health monitoring.

I declare that I have not worked during the period of sickness stated above for the University or any other employer, and to the best of my knowledge the information above is factually correct.

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| --- | --- | --- | --- |
| Employee’s signature |  | Date |  |