

Statement of Fitness for Work

For social security or Statutory Sick Pay

Patient's name

Mr, Mrs, Miss, Ms

I assessed your case on:

/ /

and, because of the following condition(s):

I advise you that:

you are not fit for work.

you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:

a phased return to work

amended duties

altered hours

workplace adaptations

Comments, including functional effects of your condition(s):

Sample

This will be the case for

or from

/ /

to

/ /

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement

/ /

Doctor's address