

## Rothwell and Desborough Healthcare Group. Sick (Fit) Note Request

Please use this form to request an extension of "Fit-note" (Form Med 3) or self-certificate (Form SC1 or SC2), or issue of a duplicate of a lost Med3.

### Patient identification details:

Full Name:  
Date of Birth:  
Please give a contact number in case the doctor needs to contact you:

Name of any other healthcare provider (a different GP practice, clinic or hospital) which has previously issued a fit-note (Med 3) for this particular episode of work absence:

### I need this sick/fit -note (Med3) because (please choose one)

- I have completed a self-certificate (SC1 or SC2) **AND** have had a phone or face-to-face consultation, for this particular episode of work absence. I have been or expect to be unfit for more than seven calendar days.
- I have previously received a Med3 from this practice for this particular episode of work absence, which needs extending.
- I have previously received a Med3 from another healthcare provider for this particular episode of work absence.
- My employer has identified a gap in my certification for this particular episode of work absence.
- I have previously received a Med3 from this practice for this particular episode of work absence, which has been lost.
- I believe myself to be incapable of any work **AND** I am appealing a decision regarding my ESA claim **AND** I have previously received a Med3 from this practice for this particular episode of work absence, which needs extending.

**Expiry date of last SC1, SC2 or Med3:**  
(date)

Anticipated date of return to **full fitness** for work:  
(date)  
Anticipated duration of absence:  
(weeks)

The gap in my certification is:  
From (date):            To (date):  
The missing/lost Med3 was issued on:  
(date)

- I am a jobseeker and Jobcentre Plus has requested a Med3
- My job is:

My medical condition is:

This stops me working because:

### What support would you need from your employer to enable you to return to work before you are fully fit?

- A phased return to work     Altered hours
- Workplace adaptations     Amended duties
- Speed up grievance/disciplinary procedures
- Speed up occupational health procedures
- Other:

I confirm these statements to be true to the best of my knowledge and belief.

Signature

Date

Please allow 5 working days.  
Incomplete forms may delay this process