

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name ¹

I assessed your case on: ²

and, because of the following condition(s): ³

I advise you that: ⁴ you are not fit for work.

⁵ 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):

⁷

SAMPLE

This will be the case for ⁸

or from ⁹ to

¹⁰ 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 ¹¹