This form is to be completed and retained by the School on notification of absence

IFOR - Sickness Self Certification and Monitoring Form

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| Employee and Absence Details |
| Name:  | Personal Ref No:  |
| Position:  |
| Date Notified:  | Time Notified: |
| 1st Date of Absence:  |
| Reason:  |
| Is the absence due to Industrial Injury? If Yes please complete an accident form and forward it Health and Safety Officer.  |
| Date Absence Recorded in iFOR:  |
| If the employee returns to work by 7th day complete the Self Certification Section for longer absences complete the following section. |
| Certification Details for Sickness Absence longer than 7 days.  |
| Fit Note: Hospital Note: Other:  |
| Period From:  | To :  |
| Reason: :   |
| Date Absence Recorded in iFOR:  |
|  |
|  Fit Note: Hospital Note: Other:  |
| Period From:  | To :  |
| Reason: :   |
| Date Absence Recorded in iFOR:  |
|  |
| Date of Meeting after One Months Absence:  |
|  |
| Fit Note: Hospital Note: Other:  |
| Period From:  | To :  |
| Reason: :  |
| Date Absence Recorded in iFOR:  |
|  |
| Fit Note: Hospital Note: Other:  |
| Period From:  | To :  |
| Reason: :  |
| Date Absence Recorded in iFOR:  |
| Self Certification Section to be completed by the Line Manager and Employee on return to work together with the Return to Work Meeting Form |
| Last Date of Absence:  | Total Number of Days Absence:  |
| I certify that I have been absent from work for the above period for the following reason:Note: The category to be recorded on iFOR will need to be selected from the list attached |
| I am now fit to return to work (date):  |
| I declare that the information on this document is correct and understand that to give false information on this document may lead to disciplinary action and/or prosecution by the Benefits Agency.Signed:  Date:   |
| Line Manger to certify that all information was submitted to them and that all the information has been input into iFOR. |
| Return to Work Date input into iFOR (date): Signed:  Date: Print Name:  Position:  |

This document should be retained by the employing department for 4 years; it can then be disposed of as confidential waste.

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| Sickness Reasons | 10 | Accidents – Injury - Fractures |
| 01 | Digestion, Stomach, Vomiting | 11 | Blood, Heart and Circulatory Problems  |
| 02 | Cold/Flu Virus– Chest/Ear/Nose/Throat Infection | 12 | Hospital Appointments, Treatments and Investigations |
| 03 | Headache, Migraine | 13 | Pregnancy Related |
| 04 | Mental Health, Psychiatric Disorder | 14 | Cancer. Benign and Malignant Tumours  |
| 05 | Work Related – Mental Health issues | 15 | Infectious and Contagious Diseases |
| 06 | Muscular Skeletal Disorder | 16 | Long Term Conditions |
| 07 | Infections | 17 | Substance Dependency  |
| 08 | Bereavement | 18  | Shielding |
| 09 | Gynaecological Problems - Menopause  |  |  |

Guidance and examples of conditions that should be recorded under each of the categories

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 |
| DigestionStomachVomiting | Cold/Flu Virus Chest/Ear Nose/Throat Infections | Headache Migraine | Mental Health Psychiatric disorder  | Work Related Mental Health Issues | Muscular Skeletal Disorder | Infections | Bereavement |
| Abdominal PainAppendicitisCoeliac diseaseColitisConstipationCrohn’s DiseaseDiarrhoeaDiverticulitisFood AllergyGastroenteritisHepatitis Irritable Bowel SyndromeLactose IntolerancePancreatitisStomach PainUpset StomachUlcerVomiting | Blocked NoseBreathing ProblemsBronchitisColdCoughFluHearing LossHay FeverLaryngitisMeniere’s DiseasePerforated Ear drumPleurisyPneumoniaRhinitisSeptic ThroatSinusitisSore Throat /TonsillitisTinnitusVertigoCoronavirus | HeadacheMigraine | AnxietyBipolar DisorderDepressionEating DisorderInsomniaObsessive Compulsive DisorderPanic AttacksPersonality DisorderPsychosisSchizophreniaSelf HarmStress | AnxietyDepressionInsomniaPanic AttacksStress | ArthritisBackache/panCarpel Tunnel SyndromeCartlidge disorderLigament disorderNeck ache/painLumbagoOsteoarthritisPinched/Trapped nervePulled muscleRheumatismSciaticaShoulder ache/painSpondylitisTendon problemsTennis elbow | CystitisDental problemsKidneySkin disordersUrinary tract infection | Bereavement |

Guidance and examples of conditions that should be recorded under each of the categories

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| Gynaecological problems/ Menopause | Accidents Injury Fractures | Blood, Heart, Circulatory Problems | Hospital Appointments, Treatments and Investigations | Pregnancy Related | Cancer. Benign or Malignant Tumours  | Infectious and Contagious Diseases | Long Term Conditions | Substance Dependency | Shielding  |
| EndometriosisFertility treatment FibroidsHysterectomyMenstrual problemsPelvic Inflammation Disease | AssaultBroken bonesBurnCut/ LacerationDislocationElectric shockHead InjuryPoisoningSprainStrain | AnaemiaAnginaBlood pressureBlood ClotCardiovascular diseaseGoutHeart AttackMyocardial infarctionPulmonary heart diseaseRenal diseaseRheumatic feverStrokeVaricose Veins | AppointmentsInvestigationsOperationsTreatment | Amniotic fluid disordersBladder infectionEctopic pregnancyGestational diabetesHaemorrhagingMiscarriageMorning SicknessPre-eclampsiaStill born baby | Benign TumourCancerLeukaemiaMelanomaNon-Hodgkin’s Lymphoma | ChickenpoxGlandular FeverHepatitisMeningitisMeaslesMumpsRubellaScarlet FeverShingles | AsthmaChronic Fatigue (ME)Cystic fibrosisDiabetesEczema/ PsoriasisEpilepsyHuntington’s diseaseKidney FailureMultiple SclerosisParkinson’s diseaseThyroid disorders | AlcoholismDrug DependenceSubstance Dependence |  |