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 |
| Digestion  Stomach  Vomiting | 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 Pain  Appendicitis  Coeliac disease  Colitis  Constipation  Crohn’s Disease  Diarrhoea  Diverticulitis  Food Allergy  Gastroenteritis  Hepatitis  Irritable Bowel Syndrome  Lactose Intolerance  Pancreatitis  Stomach Pain  Upset Stomach  Ulcer  Vomiting | Blocked Nose  Breathing Problems  Bronchitis  Cold  Cough  Flu  Hearing Loss  Hay Fever  Laryngitis  Meniere’s Disease  Perforated Ear drum  Pleurisy  Pneumonia  Rhinitis  Septic Throat  Sinusitis  Sore Throat /Tonsillitis  Tinnitus  Vertigo  Coronavirus | Headache  Migraine | Anxiety  Bipolar Disorder  Depression  Eating Disorder  Insomnia  Obsessive Compulsive Disorder  Panic Attacks  Personality Disorder  Psychosis  Schizophrenia  Self Harm  Stress | Anxiety  Depression  Insomnia  Panic Attacks  Stress | Arthritis  Backache/pan  Carpel Tunnel Syndrome  Cartlidge disorder  Ligament disorder  Neck ache/pain  Lumbago  Osteoarthritis  Pinched/Trapped nerve  Pulled muscle  Rheumatism  Sciatica  Shoulder ache/pain  Spondylitis  Tendon problems  Tennis elbow | Cystitis  Dental problems  Kidney  Skin disorders  Urinary tract infection | Bereavement |

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
| Endometriosis  Fertility treatment  Fibroids  Hysterectomy  Menstrual problems  Pelvic Inflammation Disease | Assault  Broken bones  Burn  Cut/ Laceration  Dislocation  Electric shock  Head Injury  Poisoning  Sprain  Strain | Anaemia  Angina  Blood pressure  Blood Clot  Cardiovascular disease  Gout  Heart Attack  Myocardial infarction  Pulmonary heart disease  Renal disease  Rheumatic fever  Stroke  Varicose Veins | Appointments  Investigations  Operations  Treatment | Amniotic fluid disorders  Bladder infection  Ectopic pregnancy  Gestational diabetes  Haemorrhaging  Miscarriage  Morning Sickness  Pre-eclampsia  Still born baby | Benign Tumour  Cancer  Leukaemia  Melanoma  Non-Hodgkin’s Lymphoma | Chickenpox  Glandular Fever  Hepatitis  Meningitis  Measles  Mumps  Rubella  Scarlet Fever  Shingles | Asthma  Chronic Fatigue (ME)  Cystic fibrosis  Diabetes  Eczema/ Psoriasis  Epilepsy  Huntington’s disease  Kidney Failure  Multiple Sclerosis  Parkinson’s disease  Thyroid disorders | Alcoholism  Drug Dependence  Substance Dependence |  |