**STATEMENT OF FITNESS FOR WORK (DEPENDANT EMPLOYEES)**
Full Name & Title (Mr/Mrs/Ms/Miss) ……………………………………………………………...…………
*(in block capitals)*

Pay/Staff No …………………..………………

I assessed your case on (Date): ……………………..………….. and because of the following reasons:

Own illness

Accident at work Illness pregnancy-related

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):

Unfit for work from ………………...…….………. (first full day) to ……………..…..…..……….. (last day)

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

Signature Doctor Medical Centre (Stamp)

………………………………………………………….

Date ………………………….………………………

NOTE This Certificate must be handed to your supervisor/Line Manager within three days of the
commencement of your sickness. **A copy will be retained with your medical notes**.
Instructions for Employing Unit:

**In cases where a doctor has advised that the employee may be fit for work you are required to contact your local LEC HR department immediately.**

The completed certificate is to be forwarded to your local GSO LEC HR Department.