

REQUEST FOR EXTENSION OF A MEDICAL SICK NOTE: Greenwood Surgery

Please fill in ALL boxes and allow 2 working days for completion

Patient Name	
Date of Birth	
1 st line of Address	
Contact Telephone Number	
DATE OF FILLING IN REQUEST	

Name of GP SEEN for medical problem(s) OR WHERE e.g. Hospital		
Medical condition(s) that affect ability to work		
Dates required TO AND FROM (inclusive) / Period of time	Start Date:	
	End date /Period of Time:	
NOT fit to work <input type="checkbox"/>	MAY BE FIT TO WORK IF: <input type="checkbox"/> Altered HOURS <input type="checkbox"/> Altered duties <input type="checkbox"/> Phased return <input type="checkbox"/> Details_____	

Please be reminded of the following:

- Evidence of a sickness must be accessible from records to provide a sick note, for example Out of hours records/hospital letters/GP consultation
- The first 7 consecutive days must be covered under self-certification (unless a private note has been requested and paid for due to specific employer requests)
- The start date on sick notes *can-not be dated in the future*; however they can be back dated. If a future dated note is required it will be issued on that required date.
- A sick note, unless an assessment is specified as being needed, does not need to end to allow you to go to back to work. You can return any time you feel fit.
- A 'return to work' or 'fit to work' letter is not legally required. If requested by an employer there is a standard private charge. (please see charges on website)