

EMPLOYEES STATEMENT OF SICKNESS

SELF CERTIFICATE FORM

NAME

DEAN BRIGHTWELL

N.I. NUMBER

WK 58 80 05 C

Date of Birth

07 / 07 / 1960

About your sickness

Please give brief details
of your sickness

SWALLOW ANTHE
(Swollen)

What date did your
sickness begin

7-1- 2019

What date did your
sickness end

14-1- 2019

If you do not know when
your sickness will end,
leave this box blank

*The dates you put in these 2 boxes may be days you do
not normally work

*If you are sick for more than 7 days, your employer may
ask you for a medical certificate

Medical certificates are also called sick notes or
doctor's statements

Was your sickness caused
by an accident at work or
an industrial disease

NO

☒

YES

☐

You may be able to get
Industrial Disablement Benefit.
If you want to claim this, please
get in touch with your Social
Security Office

Your Signature

D Brightwell

Date

14 / 01 / 2019

JMS SPECIALIST JOINERY LTD

14 JAN 2019

ACTION

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