

**Statement of Fitness for Work
For social security or Statutory Sick Pay**

Patient's name ☒ Mr ☐ Mrs, Miss, Ms **JOSHUA PARKER**

I assessed your case on: **16 / 5 / 19.**

and, because of the following condition(s):

Depression.

JMS SPECIALIST JOINERY LTD

I advise you that:

- ☐ you are not fit for work.
☒ you may be fit for work taking account of the following advice:

20 MAY 2019

ACTION

COPIES

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):

we would advise Joshua has limited hours to a maximum of 5 per day.

we have no concerns regarding his mental health to perform a full range of duties at work & his current medication does not impact on his ability to perform duties. However, it is at the discretion of Joshua & his employer to deem him fit day to day as to what duties he carries out.

This will be the case for **2 weeks.**

or from **/ /**

to **/ /**

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

Doctor's signature



Date of statement

16 / 5 / 19.

Doctor's address

**ELMS CENTRE
BANBURY
OXFORDSHIRE
OX16 9AL.**