

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

Patient's name ☒ Mr, Mrs, Miss, Ms WINTERBURN

I assessed your case on: 1 / SEP 20

and, because of the following condition(s):
POST OP NOSE OPERATION

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:

- | | |
|--|--|
| <input type="checkbox"/> a phased return to work | <input type="checkbox"/> amended duties |
| <input type="checkbox"/> altered hours | <input type="checkbox"/> workplace adaptations |

Comments, including functional effects of your condition(s):

PID: 2183448 NHS No: 484-629-3165
Winterburn Teddy
31/12/1960 Male
94 FASEMAN AVENUE
CV4 9RD Tel:
GP: G8650915 BAINS, BK

This will be the case for 1 WEEK

or from 1 / 9 / 20 to 7 / 9 / 20

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 [Signature]

Date of statement 1 / 9 / 20

Doctor's address

WARWICK HOSPITAL
LAKIN ROAD
WARWICK
CV34 5EW