



**J. LONG & SONS (HAULAGE) LTD**  
**SICKNESS SELF-CERTIFICATION ABSENCE FORM**

This form should be completed in respect of absence from work due to sickness or injury for up to the first 7 calendar days. Medical Certificate(s) must be provided to cover all absence of more than 7 calendar days.

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**Name :** \_\_\_\_\_ **Date :** \_\_\_\_\_  
**Department:** \_\_\_\_\_ **Reported to :** \_\_\_\_\_

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**DATES OF SICKNESS**  
**(Including non working days)**

	Day	Date	Time (am/pm)
<b>From</b>	_____	_____	_____
<b>To</b>	_____	_____	_____

**WORKING DAYS OF ABSCENCE**

<b>From</b>	_____	_____	_____
<b>To</b>	_____	_____	_____

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Details of sickness or injury:  
\_\_\_\_\_

Did you consult a Medical Practitioner? YES/NO if YES, please give date of visit: \_\_\_\_\_

Treatment received and any continuing treatment: \_\_\_\_\_

Doctor's name and address: \_\_\_\_\_

Was the Company notified of your absence as required: YES/NO

If NO, give reason for not doing so: \_\_\_\_\_

**DECLARATION**

I certify that the above information is true and I acknowledge that false information will result in disciplinary action.

I hereby give my employer permission to verify the above information.

**For absences of up to 7 days** (where appropriate)

I certify that I have been incapable of work because of my sickness/injury on the dates shown above and that I am now fit to follow my normal duties (this includes the operation of machinery and equipment, as appropriate).

Signed \_\_\_\_\_  
Employee Supervisor/Manager