

**Self-certify your illness: details and questions you may be asked**

Name

National Insurance number

Date of birth

Clock or payroll number

Brief details about your sickness

Date your sickness began

Has your sickness ended?

What date did you last work before your sickness began?

What time did you finish work on that date? (Enter time in 24 hours)

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

Phone number

Date you completed and submitted the form