

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

Patient's name

1 I assessed your case on:

2 and, because of the following condition(s):

3 I advise you that: you are not fit for work.
 you may be fit for work taking account of the following advice:

4 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):

5 This will be the case for
or from to

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

7 Doctor's signature

8 Date of statement

Doctor's address