

Somerton House Surgery

SICK NOTE REQUEST

Please complete this form if requesting a sick note (if you require help to complete this form, please see reception)

Please note a “self-certificate” should be submitted for the first 7 days. If a sick note is required for this period there will be a fee of £15

Fee payable: (Please circle) Yes No

Name:

DOB:

Date of request: Time :

Phone Number:

Usual Doctor:

Reason for sick note (please do not put ongoing, if the reason is not entered the sick note will not be issued)

Period required:

Start Date: End Date:

Please allow 72 hours before collection.

Staff use only

Date collected: Staff Initial: