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The Vale Medical Centre

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FIT NOTE APPLICATION FORM

Please complete in BLOCK capitals

Name:		Date of birth:	
Address:			
Email:		Mobile:	
Employer(s):			
Have you already had a Fit note issued for your current illness?	<input type="checkbox"/> Yes / <input type="checkbox"/> No		
Which date were you first unable to work?			
When do you feel you will be able to return to work?			
If you have a Fit Note currently, when will it expire?			
Do you feel you could return to work if changes were made?	<input type="checkbox"/> Yes / <input type="checkbox"/> No		
What would these changes be?			
<input type="checkbox"/> Change in hours	<input type="checkbox"/> Change in duties	<input type="checkbox"/> Adaptions	<input type="checkbox"/> Graded return to work
Please describe why are you unable to work currently:			
Are you completing this form on behalf of anyone else?	<input type="checkbox"/> Yes / <input type="checkbox"/> No		
If <u>YES</u> , please provide your <u>Name</u> , <u>Relationship</u> and <u>Contact Number</u> :			

Please now save and return this form to:

LEWCCG.G85696-General@nhs.net or drop it into the red post-box in the lobby

We aim to complete requests within 3 working day of receipt

Email: lewccg.g85696-general@nhs.net – Web: www.thevalemedicalcentre.co.uk