

## SICKNESS CERTIFICATION

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### Why issue certificates?

- Terms of Service

(NHS (General Medical Services Regulations) 1992–Section 37):

‘a doctor shall issue free of charge to a patient or his personal representative any medical certificate of a description prescribed in column 1 of Schedule 9, which is reasonably required for the purposes of the enactments specified in column 2’

‘any certificate given for the purposes of the Social Security Act 1975 shall be in accordance with any Regulations made under that Act’ (ie specified forms must be completed in accordance with the law).

- Provide evidence of your advice regarding capacity for work for a claim to a state benefit.



**FOR SOCIAL SECURITY AND STATUTORY SICK PAY PURPOSES ONLY**

**NOTES TO PATIENT ABOUT USING THIS FORM**

You can use this form either:

1. For Statutory Sick Pay (SSP) purposes - fill in Part A overleaf. Also fill in Part B if the doctor has given you a date to resume work. Give or send the completed form to your employer.
2. For Social Security purposes - To continue a claim for state benefit fill in Parts A and C of the form overleaf. Also fill in Part B if the doctor has given you a date to resume work. Sign and date the form and give or send it your Local Social Security Office QUICKLY to avoid losing benefit.

**NOTE:** To start your claim for State benefit you must use form SC1 if you are self-employed, unemployed or non-employed OR form SSP1 if you are an employee. For further details get leaflet IB202 (from Social Security Local Offices).

**Doctor's Statement**

In confidence to

Mr/Mrs/Miss/Ms .....

I examined you today/yesterday and advised you that

(a) You need not refrain from work .....  
 (b) you should refrain from work for\*† .....

OR until .....

Diagnosis of your disorder causing absence from work .....  
 Doctor's remarks .....

Doctor's signature

Date of signing

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Form Med 3

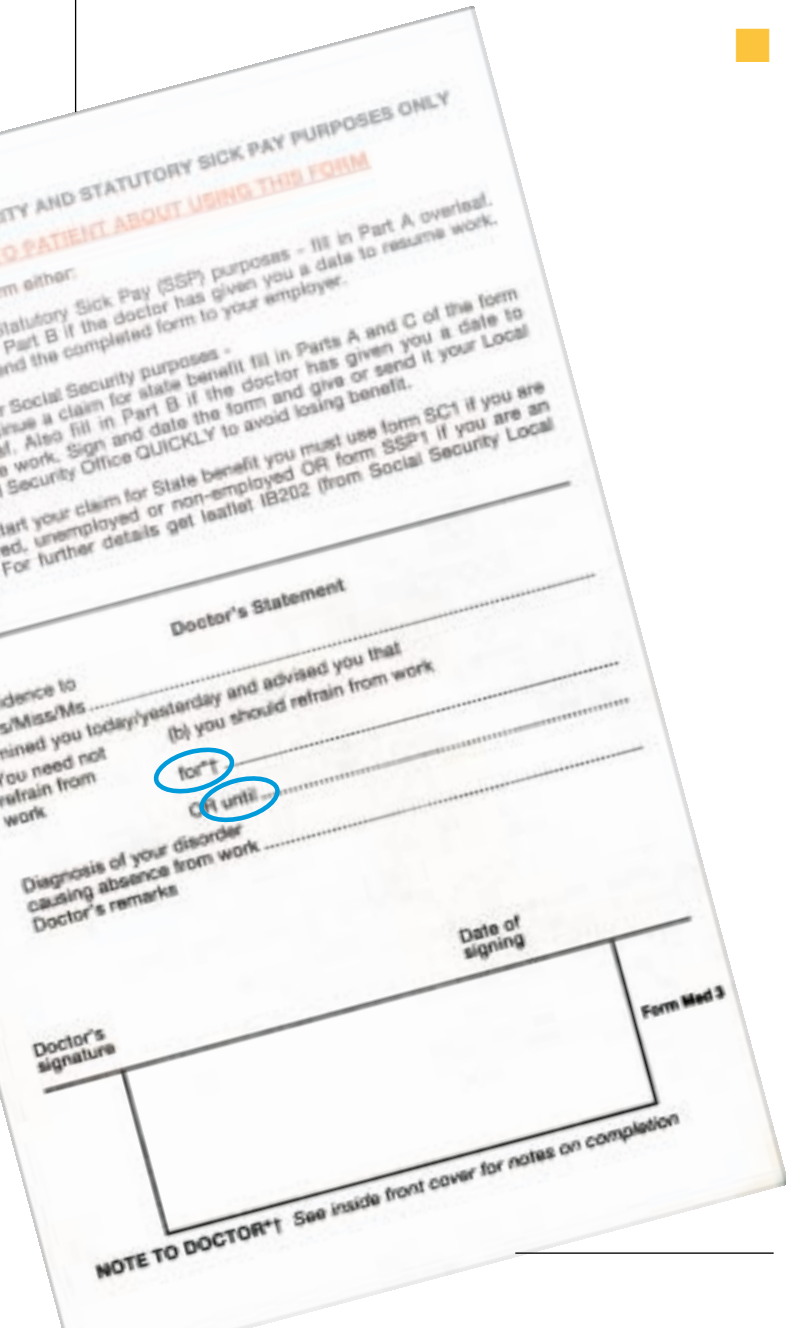
**NOTE TO DOCTOR\*†** See inside front cover for notes on completion



**'RULES' FOR ISSUING A MED 3**

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- **Keep secure (as valuable as FP10).**
- **For Social Security purposes only.**
- **Only issue one statement – mark replacements ‘DUPLICATE’.**
- **Complete in ink.**
- **Must be completed by doctor (as defined).**
- **Required after seven days incapacity.**
- **Must examine patient on the day, or day before issue.**
- **Give accurate diagnosis (usually).**
- **Give opinion based on usual occupation.**



## 'RULES' FOR ISSUING A MED 3

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### ■ Periods of incapacity:

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Open certificates

**'for'** section

No date to return to work - period of incapacity given:

Initial certificate up to six months

Certificates after six months incapacity can be for an indefinite period.

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Closed certificates

**'until'** section

Date to return to work – up to two weeks after issue.

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CASE EXERCISE

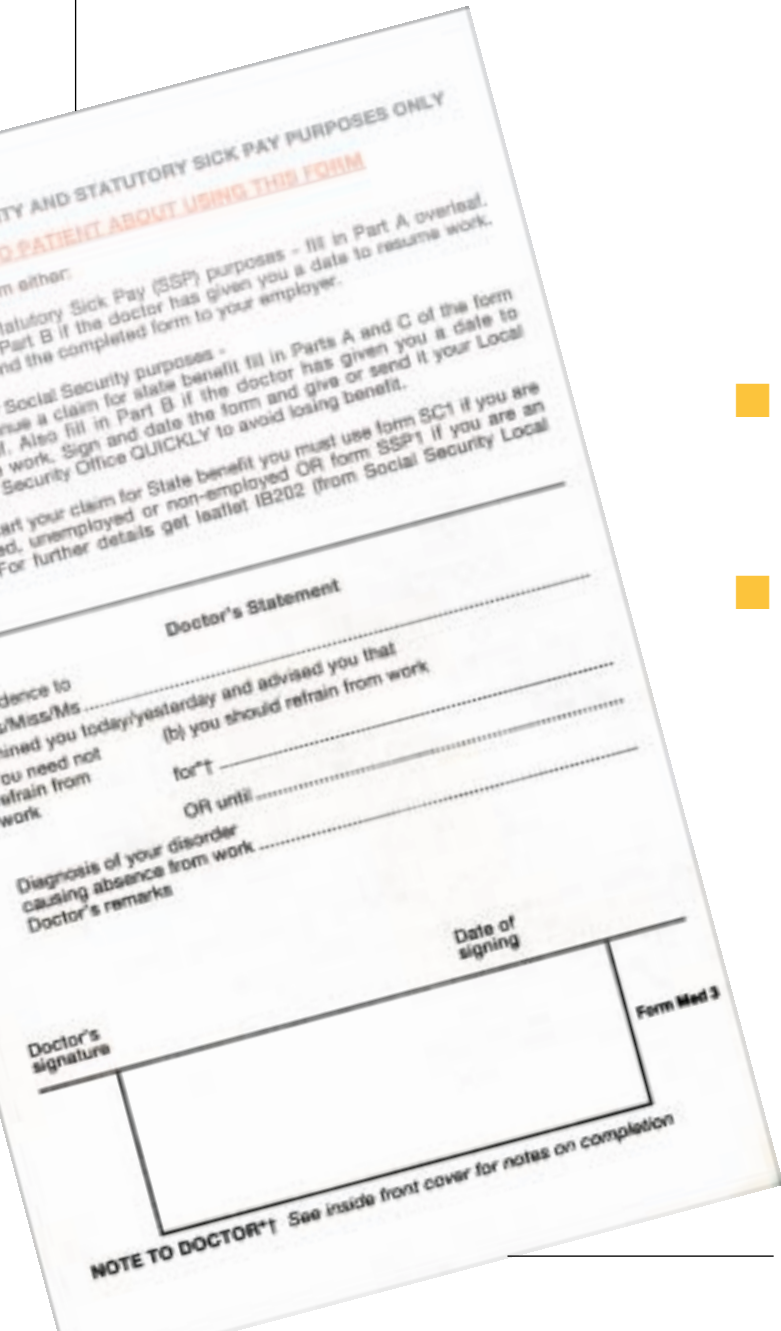
A 42 year old woman has worked as a hotel receptionist for many years. She has recurrent episodes of low back pain and is frequently 'off' work for four to eight weeks. Her employers are finding it increasingly difficult to cope with her prolonged and frequent absences. A week previously, whilst digging her garden, she developed low back pain which did not radiate to her legs. She complained that bending was painful and that she was more comfortable if she was able to change position from time to time. She had spent long periods resting in bed, as in the past she had been advised that bedrest was the best treatment for back pain; this however produced no improvement in her symptoms. Otherwise she is well.

On examination she has an almost full range of back movements with no neurological signs in her legs.

*She requests a certificate.*

QUESTIONS

- 1 What is the purpose of the Med 3 certificate?
- 2 When giving advice to your patient what do you need to know/consider?
- 3 Should you issue a certificate advising this woman to refrain from work and what are the possible consequences of your action?



## WHAT IS THE PURPOSE OF THE MED 3 CERTIFICATE?

The Med 3 states:

'I have examined you today and advised you that you need not/should refrain from work'.

- **Confirms the advice you have given the patient regarding the necessity, or not, to refrain from their own occupation.**
- **The advice on fitness for work is part of the clinical management of the condition.**

NEED TO KNOW/CONSIDER

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- Patient's expectations and motivation:  
your negotiating position and skills.
- Nature of patient's condition:  
simple back pain  
nerve root compression  
sinister back pain.
- Functional limitations in relation to tasks  
performed at work.



## NEED TO KNOW/CONSIDER

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- Anything that can be done at work to enable the patient to continue working:

liaison with occupational health services

reasonable adjustments under the Disability Discrimination Act 1995

reasonably practicable precautions under the Health and Safety at Work Act 1974.

- Best/most appropriate clinical guidelines eg:

RCGP guidelines – back pain management.

- What management is in the best interests of the patient:

a patient may not be well served in the long term if more appropriate clinical management would allow them to return to work. This includes appropriate management of the patient's expectations

compare with antibiotic prescribing – is giving what the patient requests always in their best interests?



SHOULD YOU ADVISE THIS WOMAN  
TO REFRAIN FROM WORK?

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Consequences of your advice

Advise - FIT

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**Improved prognosis**

**Improved job security**

**Encourages positive attitudes at work**

**Good strategy in the longer term but may be harder work  
for the doctor in the short term, for example:**

pressure to meet patient's expectations

difficulty refusing certificate

potential damage to doctor/patient relationship with possible  
loss of patient and family members from list.



SHOULD YOU ADVISE THIS WOMAN  
TO REFRAIN FROM WORK?

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Consequences of your advice

Advise - UNFIT

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**May become long term sick**

**Longer recovery**

may undermine patient's ability to overcome potentially  
incapacitating symptoms

**May not be the most effective clinical management**

**Repeat certificates requested for future episodes**

**May lead to financial problems for patient**

VA



**FOR SOCIAL SECURITY AND STATUTORY  
SICK PAY PURPOSES ONLY**

**Special Statement  
by the Doctor**

In confidence to  
Mr/Mrs/Miss/Ms .....

(A) I examined you on the following dates .....  
.....  
.....  
(B) I have not examined you but, on the basis of a recent written report from -  
Doctor ..... (Name if known)  
of .....

.....  
.....  
.....  
and advised you that you should refrain from work ..... (Address)  
.....  
I have advised you that you should refrain

from ..... to ..... from work for/until .....

Diagnosis of your disorder causing absence from work Doctor's remarks.  
.....  
.....

Doctor's  
signature

Date of  
signing

*The special circumstances in which this form may be used are described in the handbook "A guide for registered medical practitioners."*

[Empty box for patient completion]

Form Med 5

**PATIENT TO COMPLETE PARTICULARS ON REVERSE**

Printed in the UK for BAPSS 12/95 D6805/P 04500



**Used to supply evidence of incapacity when you have not seen your patient that day or the previous day.**

Two circumstances where appropriate:

- 1 To supply evidence of incapacity for backdated period ('I examined you' section). You must:

base your opinion on your examination of the patient on a previous occasion

be sure you would have advised your patient to refrain from work for the entire period of the certificate.



MED 5

2 To provide medical evidence without having seen the patient ('on the basis of a written report section').  
You must:

base your opinion on a report, written within the previous four weeks, from another doctor

not cover a forward period of more than four weeks.

FOR SOCIAL SECURITY AND STATUTORY SICK PAY PURPOSES ONLY

In confidence to Mr/Mrs/Ms/Ms

(A) I examined you on the following dates

(B) I have not examined you but, on the basis of a recent written report from Doctor of

(C) I have advised you that you should refrain from work from to

(D) I have advised you that you should refrain from work from until

Diagnosis of your disorder causing absence from work

Doctor's remarks

Doctor's signature

Date of signing

The special circumstances in which this form may be used are described in the handbook "A guide for registered medical practitioners."

PATIENT TO COMPLETE PARTICULARS ON REVERSE

Printed in the UK for HMSO 12/96 00003P G4800.

Form Med 5



## Doctor's statement

### In confidence

To be filled in by the doctor. Please use BLOCK CAPITALS.

To The Manager \_\_\_\_\_ DO

Patient's surname Mr/Mrs/Miss/Ms \_\_\_\_\_

First names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

National Insurance number  
if known

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I have been issuing medical statements to this patient who is under my care. I have been recording a 'Vague' diagnosis on the statements. This is because, in my opinion, to record the actual diagnosis may be harmful to my patient.

Please send me a medical report form so that I can give you additional information, including the actual diagnosis of the disorder suffered by this patient.

Doctor's signature \_\_\_\_\_ Date / / .

Stamp

Please send this form to your patient's Social Security office. The address is in the phone book. Look under SOCIAL SECURITY or BENEFITS AGENCY. Do not send this form to Benefits Agency Medical Services.

You can get more copies of this form from your Health Authority or Health Board.

**Med 6**

Printed in the UK for BA 01/97 (34th Rev. 09/97) 10P

VA



MED 6

An accurate diagnosis is needed:

to enable the Benefits Agency identify those with severe illness who may be exempt the appropriate test of incapacity for work to collect accurate data concerning causes of incapacity.

Vague diagnosis on statement appropriate where you do not want patient and/or employer to know true diagnosis.



VA



CONSIDER WHO MAY SEE CERTIFICATE:

Med 3 and 5

**Patient and employer** – vague diagnosis appropriate if the doctor does not want either employer or patient to know true diagnosis.

Med 4

**Patient** – vague diagnosis appropriate only if doctor does not want patient to know true diagnosis.

Where a vague diagnosis is given on a medical statement in order that the Benefits Agency handles the case appropriately complete a Med 6 and send it to a Benefits Agency local office.

**Doctor's statement**  
In confidence  
Doctor. Please use BLOCK CAPITALS.

Mr/Ms/Miss/Ms DO

Postcode

Insurance number

In issuing medical statements to this patient who is in my care, I have been recording a 'vague' diagnosis on my medical statements. This is because, in my opinion, to record the actual diagnosis may be harmful to my patient.

Please send me a medical report form so that I can give you the necessary personal information, including the actual diagnosis of the condition suffered by this patient.

Date / /

Doctor's signature

Stamp

Please send this form to your patient's Social Security office. The address is in the phone book. Look under SOCIAL SECURITY or BENEFITS AGENCY. Do not send this form to Benefits Agency Medical Services.

You can get more copies of this form from your Health Authority or Health Board.

Printed in the UK by BA 2190 (2004) No. F000419

**Med 6**



## Doctor's statement

### Do not use this form for people claiming Statutory Sick Pay

**To the doctor** We are assessing your patient's eligibility for incapacity benefit and other state benefits under the all work test. Please fill in the following statements.

In confidence to Mr/Mrs/Miss/Ms \_\_\_\_\_

**Main diagnosis**  
(be as precise as possible)

**Other diagnoses**

### Doctor's remarks

(Including comments on the disabling effects of the condition, treatment and progress. Accuracy and detail will avoid requests for completion of a medical report.)

**To the doctor** While the all work test is carried out, we need some evidence that your patient should refrain from their usual occupation. The information you give here will not be part of the all work test.

I am issuing the following statement based upon the current guidance to certifying medical practitioners. I examined you today / yesterday and advise you

- that you need not refrain from your usual occupation.  
 that you should refrain from your usual occupation

for \_\_\_\_\_ (period).

or until \_\_\_\_\_.

Doctor's signature \_\_\_\_\_ Date / / -

Stamp

**Med 4**

Printed in the UK for BA 01/97. Order No. 00626/91





**Doctor's statement**  
Do not use this form for people claiming Statutory Sick Pay

To the doctor We are assessing your patient's eligibility for incapacity benefits and other state benefits under the all work test. Please fill in the following statements.

In confidence to Mr/Ms/Miss/Ms \_\_\_\_\_

Main diagnosis (be as precise as possible)

Other diagnoses

Doctor's remarks  
(Including consent on the disabling effects of the condition, treatment and progress. Advisory and detail and avoid requests for completion of a medical report.)

To the doctor While the all work test is carried out, we need some evidence that your patient should refrain from their usual occupation. The information you give here will not be part of the all work test. I am issuing the following statement based upon the current guidance to certifying medical practitioners. I examined you today / yesterday and advise you

that you need not refrain from your usual occupation.

that you should refrain from your usual occupation for \_\_\_\_\_ (period).

or until \_\_\_\_\_ Date / /

Doctor's signature \_\_\_\_\_

Stamp \_\_\_\_\_

Printed in the UK for BH 0191. Order No. 020208

**Med 4**

## 'RULES' FOR ISSUING MED 4

- **Must examine patient on day of issue or the previous day.**
- **Give diagnosis of the main incapacitating condition and other relevant medical conditions.**
- **In 'doctor's remarks' give details of:**
  - disabling effects of condition
  - current treatment, progress and a prognosis
  - difficulties your patient may have travelling to an examination centre.
- **State the advice you have given to your patient about fitness for their usual occupation.**



## A PROPERLY COMPLETED MED 4 MAY:

- enable the Benefits Agency doctor to identify 'exempt conditions'
- save your patient undergoing an examination
- prevent the Medical Officer's needing to ask you for a further report
- prevent patients asking you for a report in the event of an appeal.

**Doctor's statement**  
Do not use this form for people claiming Statutory Sick Pay

To the doctor We are assessing your patient's eligibility for incapacity benefit and other state benefits under the all work test. Please fill in the following statements.

In confidence to Mr/Mrs/Miss/Ms

Main diagnosis  
(be as precise as possible)

Other diagnoses

Doctor's remarks  
(Including comments on the disabling effects of the condition, treatment and progress. Accusatory and detail and avoid requests for completion of a medical report.)

To the doctor While the all work test is carried out, we need some evidence that your patient should refrain from their usual occupation. The information you give here will not be part of the all work test. I am issuing the following statement based upon the current guidance to certifying medical practitioners. I examined you today / yesterday and advise you

that you need not refrain from your usual occupation.

that you should refrain from your usual occupation

for \_\_\_\_\_ (period).  
or until \_\_\_\_\_ Date / /

Doctor's signature \_\_\_\_\_  
Stamp \_\_\_\_\_

Printed in the UK for BH 01987. Order No. 02026268

**Med 4**