

Fit Note: Explaining the form for Patients and Employees

When you receive a fit note, we recommend you to read the [guidance for patients and employees](#), or type in www.gov.uk/fit-note.



Department
for Work &
Pensions



Department
of Health &
Social Care

Section	Details
1	The date your healthcare professional assessed you, either in person or video call or telephone call, or when they considered a report from another healthcare professional
2	The condition(s) affecting your fitness for work. It's usually best for your healthcare professional to be as accurate as possible, but they can enter a less precise diagnosis if being too detailed might harm your position with your employer.
3	Your healthcare professional's assessment that you are either: <ul style="list-style-type: none"> may be fit for work – this would help facilitate health and work discussions on changes to support your stay in work and return to work; or not fit for work – this means you are not fit for work of any kind.
4	Your healthcare professional's advice about the impact of your health condition. The comments box should include further advice on how you can stay in, or return to, work.
5	The period that your healthcare professional's advice covers. This section may cover a previous period if your healthcare professional thinks that your condition has affected your fitness for work before your assessment. This can be for any time up to an indefinite period.
6	Whether your healthcare professional needs to see you at the end of your fit note. If they expect you will be fit for work at the end of the fit note, they will indicate that they do not need to see you again.
7 and 8	The name of the issuer and the profession of the issuer. Occasionally you may also be presented with an older version of the fit note form which will be signed in ink.
9	The date of statement when the fit note is issued. This may not always be the same as the date of the assessment. The address of the medical practice.

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 Issuer's name

8 Issuer's profession

9 Date of statement
Issuer's address

Unique ID: Med 3 04/22