

Fit Note: Quick Reference Guide

Patients may ask you for a Statement of Fitness for Work also known as a Med3, fit note or a sick note. This is used by employers to support a claim for Statutory Sick Pay or by patients to support claims to health-related benefits.



Department
for Work &
Pensions



Department
of Health &
Social Care

Before certifying fit notes, we recommend you to read the [guidance for healthcare professionals](#), or search on [www.gov.uk](#), for information on undertaking a health and work conversation and completing the fit note form; and complete the [e-learning for healthcare \(elfh\)](#) fit note training module, which supports Healthcare Professionals in preparing to certify fit notes.

It is important that the healthcare professional responsible for the episode of care is the one who issues the fit note. Not issuing them can lead to unnecessary duplication of work. In most cases it is the HCPs who is best placed to give advice on a patient’s fitness for work.

Doctors, nurses, occupational therapists, pharmacists, and physiotherapists can all provide fitness for work advice to patients, using the fit note to help patients stay in, or return to, work, and aid their recovery. This can be based on a written report by another healthcare professional, including those that are not eligible to certify fit notes.

WHEN	WHAT
<p>should I consider issuing a fit note?</p> <p><i>Some examples of when a fit note may be issued are listed below – remember that this list is not exhaustive.</i></p> <p>A: If the patient is unable to carry out their normal work duties. You should consider what reasonable adjustments you could recommend for your patient to stay in, or return to, work.</p> <p>B: Where you have clinical responsibility for your patient’s health conditions fit note certification could be integrated into the patient’s regular review.</p> <p>C: Hospital discharge, when a patient is receiving treatment in Accident & Emergency and the treating Healthcare Professional believes the patient will be unable to work for more than seven calendar days.</p> <p>D: When a patient has received post-operative care e.g at a fracture clinic or post-admission care in an out-patient department and does not need to see their GP for any clinical reason.</p> <p>Fit notes should, where possible, always be issued for a period consistent with the anticipated incapacity.</p>	<p>to consider during a fitness for work conversation</p> <ol style="list-style-type: none">Always consider ‘may be fit for work’ advice, using reasonable adjustment may include changing their duties for a while, reducing their hours, or working from home. This could support your patient do some form of work (not specifically their current job). This gives maximum flexibility to your patient and their employer to discuss ways to accommodate your patient’s condition.Selecting the general adaption boxes, may help patients and employers better discuss their needs, these indicate the kind of general adaptation that might help your patient return or stay in work. Tick whichever boxes relate to the functional effects of your patient’s condition. For example, if your advice is that somebody tires easily and so should not work for longer than 3 hours a day, this may affect their duties and the times they can work, so you should tick ‘amended duties’ and ‘altered hours’, again with relevant comments provided.Consider minimum period for the fit note, using your clinical judgement with regular review points.

You should only issue ‘**Not fit for work**’ advice when your patient is unable to do any kind of work. Always consider if your patient could do work of some kind. Advise the patient that they do not need to be 100% fit to do some work.

Assessing that your patient is not fit for work when there are still things, they can do risks depriving them of the chance to discuss ways they could do some work with their employer; and increases the long-term health risks of worklessness.