

Fit Note: Explaining the form for Employers and Line Managers



Department
for Work &
Pensions



Department
of Health &
Social Care

When you receive a fit note from your employee, we recommend you to read the [guidance for employers and line managers](#), or type in www.gov.uk/fit-note. To ensure you follow the right steps each time, you can view, download or print out the [Fit Note: Checklist for Employers](#).

Section	Details
1	The date your employee was assessed by their healthcare professional.
2	The health condition(s) affecting your employee’s fitness for work.
3	The healthcare professional’s assessment as to whether your employee is either: <ul style="list-style-type: none"> • may be fit for work – this would help facilitate health and work discussions on changes to support their stay in work and return to work; or • not fit for work – this means your employee is not fit for work of any kind.
4	The healthcare professional’s advice about how you can support your employee to return to work, this should include any recommendations i.e., workplace modifications or reasonable adjustments.
5	The period that the fit note covers. The dates in this section (including any which cover an early period) can be for any period that your employee’s healthcare professional considers appropriate.
6	This box tells you whether your employee’s health condition is expected to affect them after their current fit note expires: <ul style="list-style-type: none"> • I will not need to assess your fitness for work again at the end of this period – your employee’s health condition is not expected to affect their fitness for work once the fit note has expired • I will need to assess your fitness for work again at the end of this period – means your employee’s health condition may still affect their fitness for work beyond the end of the fit note (so they may need a new fit note at that point)
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 the fit note was issued – this may not always be the same as the date of the assessment and issuers address of your practice should be completed .

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

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