

# STAFFORDSHIRE UNIVERSITY

## SICKNESS ABSENCE SELF-CERTIFICATION FOR STUDENTS

This form should be completed where a period of sickness covers up to five days (excluding weekends) and should be completed when you return to the University after an absence of no more than five days or when you submit a medical note for absences of six days or more (excluding weekends).

SURNAME \_\_\_\_\_

FORENAMES \_\_\_\_\_

FACULTY \_\_\_\_\_

AWARD \_\_\_\_\_

YEAR \_\_\_\_\_ SITE \_\_\_\_\_

I certify that I was unable to attend the University because of my sickness as follows:

I was first away from the University on \_\_\_\_\_

I returned to the University on \_\_\_\_\_

Name and Address of your Doctor:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

I authorise the University to obtain such independent medical advice relating to this certificate as they may require and agree that this may include my being medically examined by an appointed Doctor. I understand that knowingly giving a false certification is a disciplinary offence and that any such instance may result in disciplinary action being taken against me.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
COUNTERSIGNED \_\_\_\_\_ DATE \_\_\_\_\_

DESIGNATION \_\_\_\_\_

Note: Once completed this form should be returned to your Faculty/School Office for its records.