

## SCHEDULE 1

Regulation 2(1)

### PART I

#### RULES

1. In these rules, unless the context otherwise requires—

“claimant” means the person in respect of whom a statement is given in accordance with these rules;

“doctor” means a registered medical practitioner not being the claimant;

“doctor's statement” means a statement given in accordance with these rules;

“2 weeks” means any period of 14 consecutive days.

2. The doctor's statement shall be in the form set out in Part II of this Schedule.

3. Where the claimant is on the list of a doctor providing general medical services under the National Health Service Act 1946, or the National Health Service (Scotland) Act 1947, and is being attended by such a doctor, the doctor's statement shall be on a form provided by the Secretary of State for the purpose and shall be signed by that doctor.

4. In any other case, the doctor's statement shall be either on a form provided by the Secretary of State for the purpose or in a form substantially to the like effect, and shall be signed by the doctor attending the claimant.

5. Every doctor's statement shall be completed in ink or other indelible substance, and shall contain the following particulars:—

(a) the claimant's name;

(b) the date of the examination on which the doctor's statement is based;

(c) the diagnosis of the claimant's disorder in respect of which the doctor is advising the claimant to refrain from work or, as the case may be, which has caused the claimant's absence from work;

(d) the date on which the doctor's statement is given;

(e) the address of the doctor,

and shall bear, opposite the words “Doctor's signature”, the signature of the doctor making the statement written after there have been entered the claimant's name and the doctor's diagnosis.

6. Subject to rules 7 and 8 below, the diagnosis of the claimant's disorder in respect of which the doctor is advising the claimant to refrain from work or, as the case may be, which has caused the claimant's absence from work shall be specified as precisely as the doctor's knowledge of the claimant's condition at the time of the examination permits.

7. Where, in the doctor's opinion, a disclosure to the claimant of the precise disorder would be prejudicial to his well-being, the diagnosis may be specified less precisely.

8. In the case of an initial examination by a doctor in respect of a disorder stated by the claimant to have caused incapacity for work, where—

(a) there are no clinical signs of that disorder, and

(b) in the doctor's opinion, the claimant need not refrain from work,

instead of specifying a diagnosis “unspecified” may be entered.

9. A doctor's statement must be given on a date not later than one day after the date of the examination on which it is based, and no further doctor's statement based on the same examination

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shall be furnished other than a doctor's statement by way of replacement of an original which has been lost or mislaid, in which case it shall be clearly marked "duplicate".

**10.** Where, in the doctor's opinion, the claimant will become fit to resume work on a day not later than 2 weeks after the date of the examination on which the doctor's statement is based, the doctor's statement shall specify that day.

**11.** Subject to rules 12 and 13 below, the doctor's statement shall specify the minimum period during which, in the doctor's opinion, the claimant should, by reason of his disorder, refrain from work.

**12.** The period specified shall begin on the date of the examination on which the doctor's statement is based and shall not exceed 6 months unless the claimant has, on the advice of a doctor, refrained from work for at least 6 months immediately preceding that date.

### **Where**

- (a) (a) the claimant has, on the advice of a doctor, refrained from work for at least 6 months immediately preceding the date of the examination on which the doctor's statement is based, and
- (b) in the doctor's opinion, it will be necessary for the claimant to refrain from work for the foreseeable future,

instead of specifying a period, the doctor may, having regard to the circumstances of the particular case, enter the words "until further notice".

**14.** The Notes set out in Part III of this Schedule shall accompany the form of doctor's statement provided by the Secretary of State.

**15.** A doctor may, having regard to the circumstances of the particular case, indicate on the doctor's statement that the claimant should be considered for vocational rehabilitation.

## **PART II**

### **FORM OF DOCTOR'S STATEMENT**

#### **DOCTOR'S STATEMENT**

## **PART III**

### **THE NOTES**

The following notes shall accompany the form of doctor's statement provided by the Secretary of State:—

On the doctor's statement:—

(1) After the words "you should refrain from work for", the period entered must not exceed 6 months unless the patient has, on the advice of a doctor, already refrained from work for a continuous period of 6 months.

(2) After the words "you should refrain from work until"—

- (a) if the patient is being given a date when he can return to work the date entered should not be more than 2 weeks after the date of the examination;

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- (b) if the patient has already been incapable of work for at least 6 months and recovery of capacity for work in the foreseeable future is not expected “further notice” may be entered.

## [<sup>F1</sup>SCHEDULE 1A

Regulation 2(1)

### Textual Amendments

- F1** Sch. 1A inserted (9.3.1992) by [The Social Security \(Miscellaneous Provisions\) Amendment Regulations 1992 \(S.I. 1992/247\)](#), regs. 1(1), 3(3), [Sch. 1](#)

## PART I

### rules

1. In these rules, unless the context otherwise requires—
  - “claimant” means the person in respect of whom a statement is given in accordance with these rules;
  - “doctor” means a registered medical practitioner not being the claimant;
  - “special statement” means the form prescribed in Part II of this Schedule.
2. Where a doctor advises a claimant to refrain from work on the basis of a written report which he has received from another doctor or where a doctor has not issued a statement since the claimant was examined and he wishes to issue a statement more than a day after the examination he shall use the special statement.
3. The special statement shall be completed in the manner described in paragraph 5 of Part I to Schedule 1.
4. Subject to rules 5 and 6 below, the diagnosis of the claimant’s disorder in respect of which the doctor is advising the claimant to refrain from work or as the case may be, which has caused the claimant’s absence from work shall be specified as precisely as the doctor’s knowledge of the claimant’s condition permits.
5. Where, in the doctor’s opinion, a disclosure to the claimant of the precise disorder would be prejudicial to his well being, the diagnosis may be specified less precisely.
6. In a case of a disorder stated by the claimant to have caused incapacity for work, where—
  - (a) no clinical signs have been found of that disorder, and
  - (b) in the doctor’s opinion, the claimant need not refrain from work, “unspecified” may be entered.
7. Part B of the special statement must only be given on a date not later than one month after the date of the written report on which the special statement is based and that part shall only be used where the claimant is being advised to refrain from work for a specified period of not more than one month.

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## PART II

### form of special statement]

#### PART II

#### FORM OF SPECIAL STATEMENT

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

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

following dates .....

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 "Medical Evidence for Social Security and Statutory Sick Pay purposes".

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[<sup>F2</sup>SCHEDULE 1B

Regulation 2(1)(c)

**Textual Amendments**

**F2** Sch. 1B added (13.4.1995) by [The Social Security \(Medical Evidence\) Amendment Regulations 1994](#) (S.I. 1994/2975), regs. 1(1), **3**

**PART I**

**Rules**

1. In these rules, unless the context otherwise requires—

“claimant” means the person in respect of whom a statement is given in accordance with these rules;

“doctor” means a registered medical practitioner not being the claimant;

“all work test statement” means a statement given by a doctor in accordance with these rules.

2. Where the Secretary of State has requested that the claimant provide an all work test statement, that statement shall be provided in the form prescribed in Part II of this Schedule notwithstanding that the claimant has already provided a statement in accordance with Schedule 1 or 1A.

3. The all work test statement shall be completed in accordance with rules 3, 4, 5 [<sup>F3</sup>and 9 to 13] of Part I to Schedule 1.

**Textual Amendments**

**F3** Words in [Sch. 1B Pt. 1 para. 3](#) substituted (13.4.1995) by [The Social Security \(Incapacity for Work\) Miscellaneous Amendments Regulations 1995](#) (S.I. 1995/987), regs. 1(2), **4(3)**

4. Subject to rule 5 below, the diagnosis of—

(a) the disorder in respect of which the doctor is advising the claimant to refrain from work or, as the case may be, which has caused the claimant’s absence from work; and

(b) any other condition which could affect the claimant’s capacity for work,

shall be specified as precisely as the doctor’s knowledge of the claimant’s condition at the time of the examination permits.

5. Where, in the doctor’s opinion, a disclosure to the claimant of the precise disorder would be prejudicial to his well being, the diagnosis may be specified less precisely.

6. The notes set out in Part III of this Schedule shall accompany the form of doctor’s statement provided by the Secretary of State.

**PART II**

**FORM OF DOCTOR'S STATEMENT**

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THIS STATEMENT SHOULD NOT BE USED FOR PEOPLE CLAIMING STATUTORY SICK PAY FROM THEIR EMPLOYER.

### Doctor's Statement

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

Note for Doctor—We are making an assessment of your patient's eligibility for Incapacity Benefit and other state benefits under the terms of the all work test. Please complete the following boxes.

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).

Note for Doctor—While the all work test is being carried out, we need evidence that your patient should refrain from his usual occupation. Please provide the following information (which will not be part of the all work assessment).

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

- (a) You need not refrain from your usual occupation
- (b) You should refrain from your usual occupation

for (insert period) .....

OR until .....

Doctor's

Date of

signature

signing

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Form Med 4

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## PART III

### The Notes

The following notes shall accompany the form of doctor's statement provided by the Secretary of State:

1. After the words on the doctor's statement "you should refrain from your usual occupation"—
  - (i) if the patient is being given a date when he can return to work, the date entered should not be more than 2 weeks after the date on which the statement is issued;
  - (ii) if recovery of capacity for work in the foreseeable future is not expected, "further notice" may be entered.
2. The "remarks" box should be used to provide additional information; including further details of diagnosed conditions, the disabling effect of such conditions, and notes on the patient's treatment and progress. Accuracy and detail will avoid requests for completion of a medical report.
3. The "remarks" box should also be used to state whether or not the patient is able to travel a reasonable distance to a medical examination as a result of his condition. If no entry is made, it will be assumed that the patient can travel.
4. This form of doctor's statement should not be used where the patient is claiming statutory sick pay from their employer. Form Med 3 should be used for that purpose.]

[<sup>F4</sup>SCHEDULE 2

Regulation 2(3)

#### Textual Amendments

- F4** Sch. 2 substituted (6.4.1987) by [The Social Security \(Medical Evidence\) Amendment Regulations 1987 \(S.I. 1987/409\)](#), regs. 1(1), 4

## PART I

### RULES

1. In these rules any reference to a woman is a reference to the woman in respect of whom a maternity certificate is given in accordance with these rules.
2. A maternity certificate shall be given by a doctor or registered midwife attending the woman and shall not be given by the woman herself.
3. The maternity certificate shall be on a form provided by the Secretary of State for the purpose and the wording shall be that set out in the appropriate part of the form specified in Part II of this Schedule.
4. Every maternity certificate shall be completed in ink or other indelible substance and shall contain the following particulars—
  - (a) the woman's name;
  - (b) the week in which the woman is expected to be confined or, if the maternity certificate is given after confinement, the date of that confinement and the date the confinement was expected to take place <sup>F5</sup> ...;

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- (c) the date of the examination on which the maternity certificate is based;
- (d) the date on which the maternity certificate is signed; and
- (e) the address of the doctor or where the maternity certificate is signed by a [<sup>F6</sup>registered midwife the personal identification number given to her by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (“UKCC”) on her registration in Part 10 of the register maintained under section 10 of the Nurses, Midwives and Health Visitors Act 1979 and the expiry date of that registration],

and shall bear opposite the word “Signature”, the signature of the person giving the maternity certificate written after there has been entered on the maternity certificate the woman’s name and the expected date or, as the case may be, the date of the confinement.

**Textual Amendments**

- F5** Words in Sch. 2 Pt. I para. 4(b) omitted (1.11.1991) by virtue of [The Social Security \(Miscellaneous Provisions\) Amendment Regulations 1991 \(S.I. 1991/2284\)](#), regs. 1, **21(a)**
- F6** Words in Sch. 2 Pt. I para. 4(e) substituted (1.11.1991) by [The Social Security \(Miscellaneous Provisions\) Amendment Regulations 1991 \(S.I. 1991/2284\)](#), regs. 1, **21(b)**

5. After a maternity certificate has been given, no further maternity certificate based on the same examination shall be furnished other than a maternity certificate by way of replacement of an original which has been lost or mislaid, in which case it shall be clearly marked “duplicate”.

[<sup>F7</sup>PART II

FORM OF CERTIFICATE

**Textual Amendments**

- F7** Sch. 2 Pt. II substituted (1.11.1991) by [The Social Security \(Miscellaneous Provisions\) Amendment Regulations 1991 \(S.I. 1991/2284\)](#), regs. 1, **22**

MATERNITY CERTIFICATE

Please fill in this form in ink

Name of patient \_\_\_\_\_

*Fill in this part if you are giving the certificate before the confinement.*

*Do not fill this in more than 14 weeks before the week the baby is expected.*

I certify that I examined you on the date given below. In my opinion you can expect to have your baby in the week that includes ...../...../.....

*Fill in this part if you are giving the certificate after the confinement.*

I certify that I attended you in connection with the birth which took place on ...../...../..... when you were delivered of a child [ ] children.

In my opinion your baby was expected in the week that includes ...../...../.....



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"Week": This means the 7 days beginning on a Sunday.

Date of examination ...../...../.....

**Registered midwives:**

**Please give your UKCC Personal Identification Number and the expiry date of your registration with the UKCC.**

Date of signing ...../...../.....

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Signature:

**Doctors:**

**Please stamp your name and address here if the form has not been stamped by the Family Health Service Authority in whose medical list you are included]]**

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