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#### SCHEDULE 1

# [F1PART 2

# FORM OF [F2healthcare professional's] STATEMENT]

- F1 Sch. 1 substituted (6.4.2010) by The Social Security (Medical Evidence) and Statutory Sick Pay (Medical Evidence) (Amendment) Regulations 2010 (S.I. 2010/137), regs. 1(2), **3(4)**
- **F2** Words in Sch. 1 Pt. 2 heading substituted (1.7.2022) by The Social Security (Medical Evidence) and Statutory Sick Pay (Medical Evidence) (Amendment) (No. 2) Regulations 2022 (S.I. 2022/630), regs. 1(2), **3(18)(a)**

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# STATEMENT OF FITNESS FOR WORK FOR SOCIAL SECURITY OR STATUTORY SICK PAY

Patient's name	Mr, Mrs, Miss, Ms
I assessed your case on:	/ /
and, because of the following condition(s):	
I advise you that:	<ul> <li>□ you are not fit for work.</li> <li>□ you may be fit for work taking account of the following advice:</li> </ul>
If available, and with your employer's agreement, you may benefit from:	
□ a phased return to work □ altered hours	<ul> <li>□ amended duties</li> <li>□ workplace adaptations</li> </ul>
Comments, including functional effects of your condition(s):	
This will be the case for	
or from	to
I will/will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)	
Doctor's signature	
Date of statement	/ /
Doctor's address	

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# Read more

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