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SCHEDULE 1

[^{F1}PART 2A

ALTERNATIVE FORM OF [^{F2}healthcare professional's] STATEMENT]

Textual Amendments

- **F1** Sch. 1 Pt. 2A inserted (6.4.2022) by The Social Security (Medical Evidence) and Statutory Sick Pay (Medical Evidence) (Amendment) Regulations 2022 (S.I. 2022/298), regs. 1(2), **3(6)**
- F2 Words in Sch. 1 Pt. 2A 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)(b)

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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:	1	j.]		
and, because of the following condition(s):					
I advise you that:	you may b	et fit for work. e fit for work ta ing advice:	king account	tof	
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):					
This will be the case for					
or from	1	1	to	1	1
or from	1	/		1	/
I will/will not need to assess your fitness for work again at the end of this period. (Please delete as applicable) Issuer's name					
Issuer's profession					
Date of statement	1	/			
Issuer's address	,	-			

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