
STATUTORY INSTRUMENTS

2022 No. 298

The Social Security (Medical Evidence) and Statutory Sick Pay (Medical Evidence) (Amendment) Regulations 2022

Amendment of the 1985 Regulations

3.—(1) The 1985 Regulations are amended as follows.

(2) In regulation 1(2), in the definition of “signature”, omit “; and “signed” shall be construed accordingly”.

(3) In Schedule 1, Part 1, rule 2—

- (a) after “Part 2” insert “or Part 2A”; and
- (b) omit “and shall be signed by that doctor”.

(4) In Schedule 1, Part 1, rule 3—

- (a) after “Part 2” insert “or Part 2A”; and
- (b) omit “and shall be signed by the doctor attending the patient”.

(5) In Schedule 1, Part 1, rule 5—

- (a) omit “shall be completed in ink or other indelible substance and”;
- (b) in sub-paragraph (g), for the comma substitute a semi-colon and, following the semi-colon, insert “and”;
- (c) insert, at the appropriate place “(h) the name of the doctor (whether in the form of a signature or otherwise).”; and
- (d) omit “and shall bear, opposite the words “Doctor’s signature”, the signature in ink of the doctor making the statement.”.

(6) In Schedule 1, after Part 2 insert the following—

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

“PART 2A

ALTERNATIVE FORM OF DOCTOR’S STATEMENT

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient’s name

I assessed your case on:

and, because of the following condition(s):

I advise you that:
 you are not fit for work.
 you may be fit for work taking account of the following advice:

If available, and with your employer’s agreement, you may benefit from:

- | | |
|--|--|
| <input type="checkbox"/> a phased return to work | <input type="checkbox"/> amended duties |
| <input type="checkbox"/> altered hours | <input type="checkbox"/> workplace adaptations |

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)

Issuer’s name

Issuer’s profession

Date of statement

Issuer’s address