

**The Old School Surgery  
Church Street, Great Bedwyn,  
Marlborough, Wilts. SN8 3PF  
01672 870388**

**SWINE FLU PANDEMIC 2009**

**INTERIM SICK CERTIFICATE FOR PATIENT NOT SEEN BY CLINICIAN  
(For absences from work of 7 days or more)**

**To be completed by the patient**

Surname of patient \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

I confirm that I contacted (*please indicate appropriate service from list below*)

Tick	Service	Date Contacted (enter date)
	National Flu Line	
	NHS Direct	
	Out-of-Hours Service	
	GP practice	
	Other ( <i>please provide who</i> )	

Date my symptoms started: \_\_\_\_\_

Proposed date of return to work: \_\_\_\_\_

*(It is not unusual for flu sufferers to require  
a period of up to 2 weeks convalescence)*

**Declaration**

I understand that if I give incorrect or incomplete information, action may be taken against me. I declare that the information I have given on this form is correct and complete.

Patient signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date of signing \_\_\_\_\_