**Tollesbury Surgery**

Patients requiring NHS Medical Certificate

*To help us process your request efficiently, please complete the following*

*and hand to a receptionist.*

Name: …………………………………………………………………………………………………………………………………………….

Date of Birth: …………………………………………………………………………………………………………………………………………….

Address: ………………………………………………………………………………………………………..………………………………….

 ………………………………………………………………………………….. Post Code: …………………………………..

Telephone: ……………………………………………………………………………………………………………………………………………

Now please answer the following questions

What is the condition/procedure that needs certifying? (Please give date of admission if applicable)

……………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………

Which GP/Consultant have you seen about this? ……………………………………………………………………………………….

What was the date you were last seen by a GP? ……………………………………………………………………………………….

Have you had a certificate issued by the hospital? YES/NO

When does your last certificate run out? …………………………………………………………………………………………………..

Please state the date you require the certificate to start (and for how long)

From: …………………………………………………………………………… Length of time: …………………………………………………

Have you self-certificated for the first 7 days of your illness? YES/NO

Signature: …………………………………………………………………………….. Date: ……………………………………………………….

Please allow 48 hours for us to process your request.

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