

# BETHESDA MEDICAL CENTRE

Palm Bay Avenue, Cliftonville, Margate, Kent, CT9 3NR

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## MED3/SICK CERTIFICATE REQUEST FORM

**PLEASE NOTE:** THIS REQUEST IS ONLY FOR PATIENTS WITH LONG-TERM ILLNESSES WHO HAVE BEEN SIGNED OFF FOR **6 WEEKS OR MORE**.

THIS REQUEST WILL GO TO YOUR ASSIGNED GP FOR TRIAGE, WHERE A DECISION WILL BE MADE. **THIS IS NOT A GUARANTEE OF APPROVAL.**

<b>Surname:</b>			
<b>Forename:</b>			
<b>Date of Birth:</b>	/	/	<b>Today's Date:</b> / /
<b>Postcode:</b>			<b>Telephone No:</b>

**PLEASE STATE HOW LONG THE MED3 CERTIFICATE IS REQUIRED FOR (BELOW):**

<b>Date From/To:</b>	Or	<b>Duration:</b>
/ /		_____ Weeks <input type="checkbox"/> Months <input type="checkbox"/>

<b>Nature of Illness/Details</b>

PLEASE ALLOW A MINIMUM OF **5 FULL DAYS** (120 HOURS) FOR YOUR MED3/SICK CERTIFICATE REQUEST TO BE PROCESSED. THANK YOU.

<b>GP USE ONLY</b>	Accepted <input type="checkbox"/>	Rejected <input type="checkbox"/>
<b>Reason for Rejection:</b>		