

The Highland Council PUPIL Self-Certified Sickness Form

You should use this form to in all cases of absence due to sickness (which is not covered in full by medical certificates). This form should be completed on return to school and passed to the School Office. The certificate only covers days off up to and including the first seven days which includes Saturday and Sunday

Pupil Details			
Year/Group		Registration Teacher:	
Surname:		First Name(s):	
Date of Birth:			

Details of Sickness		
First Day of Sickness:	(Day)	(Date)
Last Day of Sickness *:	(Day)	(Date)
* (or 7th day where sickness extends beyond 7 calendar days)		

Gastric upset	<input type="checkbox"/>	Respiratory e.g. Asthma, Bronchitis	<input type="checkbox"/>
Migraine/headache	<input type="checkbox"/>	Sore throat, e.g. tonsillitis, laryngitis	<input type="checkbox"/>
Back pain	<input type="checkbox"/>	Arthritic pain	<input type="checkbox"/>
Flu	<input type="checkbox"/>	Ear infection	<input type="checkbox"/>
Cold	<input type="checkbox"/>	Skin problem (rash, eczema, dermatitis)	<input type="checkbox"/>
Post Viral Illness	<input type="checkbox"/>	Toothache	<input type="checkbox"/>
Chest infection	<input type="checkbox"/>	Muscle pain	<input type="checkbox"/>
Injury outside school (describe below)	<input type="checkbox"/>	Other (describe below)	<input type="checkbox"/>
Further information:			

Pupil signature:		Date:	
Parental signature:		Date:	