



The Highland Council

PUPIL Self-Certified Sickness Form

You should use this form 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 or 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		Respiratory, for example, Asthma, Bronchitis	
Migraine or headache		Sore throat, for example, tonsillitis, laryngitis	
Back pain		Arthritic pain	
Flu		Ear infection	
Cold		Skin problem for example, rash, eczema, dermatitis	
Post Viral Illness		Toothache	
Chest infection		Muscle pain	
Injury outside school (describe below)		Other (describe below)	

Further information:			
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Pupil signature:		Date:	
Parental signature:		Date:	