



Caring for our community



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Statement of Fitness for Work Request Form (MED3)

Name _____

Address _____

Date of Birth _____ Doctor _____

IMPORTANT

CURRENT Telephone number _____

Start date (of current sickness period) _____

End date (of current sickness period) _____

Reason _____

**THIS REQUEST FOR A MEDICAL CERTIFICATE WILL BE PROCESSED AND
READY FOR COLLECTION IN 2 FULL WORKING DAYS**

**For GP to complete: If this patient needs to make an appointment for review
before any further certificates can be issued**