

THE LAWSON PRACTICE

Dr. Kirsten Brown
Dr. Deborah Colvin
Dr. Charlotte Morgan
Dr. Shabana Rauf
Dr. Mekonen Semere
Dr. Jonathon Tomlinson

Dr. Teju Ademola
Dr. Ellen Kamenik
Dr. Joanna Kennedy
Dr. Ming Liu
Dr. Oliver Rabie
Dr. Sweta Raj
Dr. Elizabeth Rogers
Dr. Jennifer Saw
Dr. Celia St. John-Green
Dr. Mark Suen

Fit (Sick) Note Request Form

Please hand in at reception or email to CAHCCG@springhillpractice.nhs.net

Requests will be dealt with within 48 hours of the practice receiving the form.

Please note you do not require a fit (sick) note from a GP for absences of 7 days or less.
Please request a self-certification form from reception for these requests or visit our website to download the form.

If your fit note relates to a recent hospital stay or procedure then please note that the hospital is responsible for issuing the fit note and you should contact your hospital ward to request this.

Date: _____

Name: _____

DOB: _____

Address: _____

Are you requesting?

- A new fit note
- An Extension or change to an existing fit note

What is your occupation?

Start date required for fit note:

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End date required for fit note:

Please provide details of why you require a fit note. Please provide as much detail as possible to help your doctor to process your request quickly.

Please tell us anytime in the next 2 days when you are not available for a phone call