



Colindale Medical Centre
T 020 8205 6798
colindalemedicalcentre.nhs.uk

SICK NOTE REQUEST FORM

PLEASE ALLOW 3 WORKING DAYS FOR COLLECTION

Name: Phone:

Date of birth: Date:

First date you were not at work due to this illness:

Describe your illness and why you need a sick note:

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You can also order your sick note via online consultation, the NHS App or the NHS website.