

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name

Mr Mrs, Miss, Ms, Toni-Marie McAllister

I assessed your case on:

20 / 02 / 2026

and, because of the following condition(s):

Anxiety

I advise you that:

- ☒ you are not fit for work.
☐ you may be fit for work taking account of the following advice: _____

If available, and with your employer's agreement, you may benefit from:

- ☐ a phased return to work
☐ amended duties
☐ altered hours
☐ workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for

1 Month(s)

or from

/ /

to

/ /

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name

Dr Robert Joseph

Issuer's profession

Doctor

Date of statement

20 / 02 / 2026

Issuer's address

Bournehill Medical Practice
Cheval Way, Bournehill
Ipswich, IP1 1JU
Telephone: 01294 211993

Unique ID: Med 3 04/22

DMAT/MSB-9400-4EEF-8C7A-BD02201C8CB0



What your advice means

'You are not fit for work'

Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'

You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are **not fit for work**. You do not need to get another of these forms.

For more information please visit www.gov.uk and type 'fit note guidance for patients and employees' into the search field. Fit note guidance for employers is also available.

Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname

MR, Mrs, Miss, Ms, MCALLISTER

Other names

TONI-MARIE

Address

2 SHIEL PLACE
CASTLE PARK
IRVINE
Postcode KA12 9NG

Date of birth

11 / 12 / 1991

NI number

Mobile

What you need to do now

- If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- If you are self-employed:** You could claim benefits.
- If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone 0800 328 5644, (8am to 6pm Monday to Friday). Textphone users call 0800 328 1344.