

**PRACTICE:**

**SPECIAL PANDEMIC FLU CERTIFICATE**

**DATE:**

Name: ..... Date of birth.....

This is to certify that the above patient has not required medical attention in the last 5 working days and is therefore, to the best of our knowledge,

- a) fit to travel
- b) fit to work
- c) fit to: .....

**PRACTICE STAMP:**

**PATIENT SIGNATURE:** .....

This document must not be copied and is not transferrable

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**Instructions for use**

- The certificate should be handed out at front desks.
- The **practice header** should go in the space above the title '**SPECIAL PANDEMIC FLU CERTIFICATE**'.
- **DATE:** The practice should issue new batch of dates daily for security purposes.
- **Re :** Patients insert their own name and date of birth.
- Patients can **tick or cross out a), b) or c)**.
- **In c) fit to** – patients can insert anything here, eg, fit to go to the gym, fit to go to the shops, have a cup of tea etc.
- The **practice stamp** must be placed at the **bottom of the certificate**.
- Patients should sign the certificate to verify the statement.