Case 1 Derm







Case 2 Derm









Case 3 Derm





Case 4 Derm



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Case 5 Derm





Case 6 Derm









Other resources



Psoriatic Nails

Case 2 Derm



Koplik spots (measles)

Case 5 Derm

Statement of Fitness for Work For social security or Statutory Sick Pay				do now hen fill in your details and, if you are claiming social te the declaration. If you cannot fill in your details yourself,
The Man Man Man and The Man an			ask someone else to do it for	
Patient's name	Mr. Mrs. Miss. Ms- Joan Williams		What your doctor's advic	e means
I assessed your case on:	22 / 02 / 2012			hen they believe that your health condition means you should
and, because of the following condition(s):	nd, because of the ollowing condition(s):		refrain from work for the stated period of time. May be fit for work taking account of the following advice:	
ronowing conditional.			Your doctor will recommend t	this when they believe that you may be able to return to work
			to act on the doctor's advice a	employer. Sometimes it may not be possible for your employer and you will not be able to return to work until you have further
I advise you that:	you are not fit for work.	,	recovered. You do not need to If you are employed	o get a further Statement from your doctor to confirm this.
			If you are not fit for work, or your employer cannot support your return to work, your	
you may be fit for work taking account- of the following advice:			employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim	
If available, and with your employer's agreement, you may benefit from:			social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.	
a-phased-return-to-work amended-duties			Social security benefit claimants If you are claiming social security benefits because of your health condition, send this form to	
altered-hours workplace-adaptations			your Jobcentre Pius office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work	
Comments, including functional effects of your condition(s):			you must inform Jobcentre Plus of your change of circumstances. If you want to make a new claim to social security benefits you can: • download a claim form at www.direct.gov.uk/benefits, or	
Referred to wound clinic and weight clinic				
			phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.	
		,	Your details – Please use BLOCK CAPITALS	
			Surname	-Me-Mrs, Miss; Ms- WILLIAMS
			Other names	JOAN
			Address	23 THE ROAD
This will be the case for	Indefinitely			TOWN Postcode AB6 6AB
or from	/ / to / /		Date of birth	12 / 06 / 1920
I will/will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)			National Insurance (NI) number	
Doctor's signature				ecurity benefit claimants only
				ive the Department for Work and Pensions or a g on its behalf information which is needed to process
Date of statement	22 / 02 / 2012	1		request for it to be looked at again.
Doctor's address	Fulford Grange Surgery Town, AB1 1AB		Signature	
	Telephone: 0113 258 963		Date	, ,
	Unique ID: Med 3 04/10- E38AF124-AF5A-40F4-BC6E-58A2DEFD1D95		If you have signed this form for	or someone else, please tick here:

Emed2 – "sick note"

Case 4 MSK