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### **Self-certification**

A self-certificate is a declaration made by the claimant that they have a health condition or disability which limits their capability for work. Self-certification is the minimum acceptable evidence required for up to the first 7 days that a claimant is unfit for work.

For any further days the claimant is unfit for work they must provide acceptable medical evidence if they have not already done so.

Self-certification is reported on a claimant's online account, over the phone or face to face. In exceptional circumstances, other forms of communication are acceptable if a claimant has an accessibility requirement.

To prevent the claim being delayed, a claimant providing self-certification verbally, or on a note on the journal, must be told to complete a declaration on the Service as well.

It must include information about their health condition or disability and the date from which they have been unfit for work. It may also include that they expect to continue to be unfit for work. Alternatively, the claimant may provide acceptable medical evidence.

From the eighth day of a claimant being unfit for work (after the period of self-certification expires), the claimant or their representative must provide acceptable medical evidence.

### **Acceptable medical evidence**

Acceptable medical evidence includes a:

- Statement of Fitness for Work
- doctor's letter
- terminally ill form - DS1500
- hospital inpatient form - Med10
- psychiatric hospital admission form

- hospital discharge letter
- private medical certificates
- other evidence

This list is not exhaustive and any evidence provided by the claimant must be considered.

### **Statement of Fitness for Work including fit notes**

The Statement of Fitness for Work (SoFfW) is the most common form of evidence. It is also known as a:

- fit note
- Med 3
- sick note
- med cert
- doctor's note

Throughout the guidance and from this point onward the SoFfW will be referred to as a fit note.

### **Medical evidence verification**

On receipt of medical evidence, the agent must make sure it is genuine by checking that it is:

- the original
- stamped, signed and dated by the doctor or surgery
- covers the dates reported by the claimant

If the form is electronically produced it must have a valid Quick Response (QR) or bar code and unique serial number.

Agents must not reject the medical evidence if the condition reported on the Service does not match the condition on the medical evidence. It is the responsibility of the claimant to ensure that the information reported is accurate. A fit note can be issued by any doctor and those issued by other healthcare professionals or administrators cannot be accepted.

A fit note may be electronic or hand-written and will contain the following information:

- the patient's name
- the date of the doctor's assessment on which the fit note is based
- the condition which the doctor advises is making the patient not fit for work
- a statement (where appropriate) that the patient may be fit for work taking account of the advice given
- a statement that the doctor will or will not need to assess the patient's fitness for work again
- the date on which the fit note was given
- the address of the doctor

- the signature of the doctor making the statement in ink - a wet signature

A wet signature is one written in pen and not by a computer. However, if the signature is written in pen and then scanned into a computer it is still a wet signature.

### **Period covered by the medical evidence**

Agents must accept medical evidence regardless of the duration stated on it by the health care professional (including indefinite) even when:

- a claimant presents medical evidence issued by a healthcare professional some time before they declare a health condition on Universal Credit
- it's the first piece of evidence the claimant presents

As long as the medical evidence covers the day on which the claimant reported the health condition or disability on their Universal Credit claim, it will be accepted. This will either be self-certification or acceptable medical evidence from day 8 of the illness or disability.

Healthcare professionals will issue medical evidence to a claimant (for a clinically appropriate period for the health condition) in accordance with their own professional standards.

### **Not fit for work**

The doctor will describe to the best of their knowledge exactly what the condition is that is making the claimant not fit for work.

### **May be fit for work**

Where it is stated 'may be fit for work', the doctor will put the reason why and (where appropriate) what circumstances or arrangements the claimant and employer might agree so the claimant could return to work earlier.

The doctor might state, for example 'no heavy lifting' for a specified period of time or recommend a phased return to work.

The term 'may be fit for work' must not be taken to mean that a claimant is 'not fit for work'. Agents must consider how the claimant's conditionality can be tailored to meet their circumstances.

This includes:

- considering types of work - including a different occupation
- considering work-related activity that does not involve anything the doctor has advised against
- workplace adjustments which would mean a particular type of work could reasonably be considered

### **Other forms of acceptable medical evidence**

Other forms of medical evidence include:

- a doctor's letter

- Terminally ill form
- Hospital inpatient form
- Psychiatric hospital admission form
- Hospital discharge letter
- Private medical certificates
- other evidence

### **A doctor's letter**

A claimant may produce a letter from their doctor, consultant or other medical practitioner confirming a health condition or disability which limits the amount, type and duration of the work they can do.

This is most likely when an in-work claimant's capability to work is restricted (but not prevented) by a manageable condition or disability and a fit note would not be suitable.

### **Terminally ill form**

The terminally ill form (DS1500) may also be referred to as the 'Doctor's report for Disability Living Allowance, Attendance Allowance or Incapacity Benefit to accompany your patients claim under special rules'.

The DS1500 is issued when a person is diagnosed as terminally ill and not expected to live for more than 6 months. For further information, see Terminal Illness.

It can be completed by a doctor, other healthcare professional or a Macmillan nurse.

The DS1500 must contain details of:

- the diagnosis
- whether the patient is aware that they are terminally ill
- if unaware - the name and address of the patient's representative who requested the DS1500
- the current and proposed treatment
- the clinical findings

A DS1500 can be requested and provided directly to DWP by:

- the claimant
- the claimant's representative
- a third party supporting the claimant such as a general practitioner or Macmillan nurse

Once the DS1500 is received and the diagnosis and date of diagnosis recorded, the DS1500 is sent to Personal Independent Payment using the email: DWP BD Disability Performance and Products Team. For further information, see Terminal Illness.

### **Hospital in-patient form**

The Hospital inpatient form (Med 10) is a hospital statement issued to show the date or dates a claimant was an inpatient in hospital.

The Med10 must be signed by a hospital staff member and not cover a period of more than 26 weeks. If required, a fit note will be provided with the Med 10 for any forward period of incapacity on leaving hospital.

The Med10 is accepted like a fit note as it will state the period of the health condition or disability it covers.

### **Psychiatric hospital admission form**

The psychiatric hospital admission form is issued by a psychiatric hospital when a claimant is admitted.

### **Hospital discharge letter**

A hospital discharge letter can be provided as evidence of a health condition in a claim for backdating.

### **Private medical certificates**

Private medical certificates might be provided by a private general practitioner, either:

- one who is physically present when they assess the claimant
- an online general practitioner service
- at a private hospital

These may be presented as medical evidence.

Private medical certificates include 'Push Doctor' or a similar online organisation's medical certificates. If a Push Doctor type medical certificate is provided by a claimant, it is treated as a private medical certificate.

These can be accepted instead of a fit note only if they have been signed by a doctor with a wet signature. The DWP does not accept any form of medical evidence not issued by a registered doctor. It must contain all the information included on the fit note.

### **Other evidence**

Where a local authority issues a notice requiring a claimant not to work because they have a notifiable disease or have been in contact with a relevant infection or contamination, they will get a day 1 Work Capability Assessment referral.

If a claimant gets a local authority notification, they must provide a fit note and follow the health journey.

## **Receiving the medical evidence**

When requested, a claimant must bring in or send their medical evidence to the jobcentre (if they have not already done so).

In unusual circumstances (for example, a pandemic such as Covid 19), the claimant must not be asked to bring medical evidence to the jobcentre if it is unreasonable for them to do so. Alternative processes will be put in place in these circumstances.

When:

- a telephone interview is booked - the claimant must bring in or send the medical evidence into the jobcentre (if they have not already done so)
- medical evidence is handed in at the jobcentre - agents must take action on the Service straightaway or photocopy it to action later (the evidence is then returned to the claimant and an appointment must not be booked for the claimant to verify the evidence at that point)
- the medical evidence is provided by post - the relevant verification action is taken and the evidence returned to the claimant by post

When a claimant's fit note is about to expire, they will be reminded through their online account to provide a new one. The claimant will receive up to 3 reminders with the first reminder being issued 7 days before their current fit note is due to expire.

## **Medical evidence following Work Capability Assessment**

Medical evidence is not required after a Work Capability Assessment decision has been made for the condition relating to that assessment.

If a claimant continues to provide medical evidence after a Work Capability Assessment decision and the condition has not changed, they must be reminded that this is no longer needed for that condition as a decision has been made.

When the claimant's Work Capability Assessment decision is due for review, there is no need to ask them to provide any more fit notes.

## **Fit notes provided after the claimant is found fit for work**

If a claimant is found fit for work following a Work Capability Assessment outcome, no further medical evidence is required for the condition relating to that assessment.