Worksheet: Illness Benefit certificate of incapacity for work

Date

Ref

Patient	Date of birth	MRN
Address		

A hospital certificate the department accepts

Headed paper

Dates the patient is unfit for work

Dates unfit for work, as a range

Doctor's name and Medical Council registration number

The claim

PPSN, included when the certificate is sent

Date the illness began

Illness Benefit application on MyWelfare, or form IB1