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

Patient's name Mr, Mrs, Miss, Ms DYLAN NANA AMEGAVLUE

I assessed your case on: 20 / 11 / 2025

and, because of the following condition(s): POST-SURGERY

I advise you that:

- [x] 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 TWO (2) WEEKS

or from 20 / 11 / 2025 **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

Issuer's profession 20/11/2025

Date of statement / /

Issuer's address DARTFORD & GRAVESHAM NHS TRUST
QUEEN MARY'S HOSPITAL
FROGNAL AVENUE
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KENT
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