eMed3 fit note Quick Reference Guide

Section A: How to search for the form.

- 1. Select patient from the tracking board.
- 2. Click 'Enter Document'
- 3. Search for Sick/Fit Note/eMed3, click 'Open'.

	FITNESS TO WORK ASSESSMENT	Section B: How to
Staten	nent of Fitness for Work for Social Security or Statutory Sick Pay	complete the form.
I assessed your o	and because of the following condition(s)	4. Select date using the clock symbol
Please select rec	uired option Coded Condition Free text Condition	5. Select Coded condition
Condition	Health Issues Health Issues	or sensitive condition.
Astrima, shortness	(Use Existing) (Add New)	6. Add Health Issue by
<u>(</u>		Clicking on Health Issues
I advise you that	 If you are not fit for work If you may be fit for work taking account of the following advice 	Health Issues (Add New).
Comments, Inclu	iding functional effects of your condition(s)	7. Select advice and add comments.
onormess or break,		8. Confirm duration - maximum duration is 12 weeks.
This will be the	case for 2 O Days © Weeks O Months	9. Indefinite note – only issue if the patient has
or from 12-M	Iar-2024	been unfit for work for the previous 6 months and was issued a fit note.
Follow-up Asses	sment Required?	10. Confirm if follow-up
Issuer's Name	Graham, Stanley	assessment required. Note this does not create an
Issuer's Professio	Coctor C Nurse C Physiotherapist C Occupational Therapist C Pharmacist	appointment or appear on the printout.
Date of stateme	nt 12-Mar-2024 C 12:46	11. The issuer's name is
Select required o	Dutput O Print New O Print Duplicate Last printed date/time 12-Mar-2024 15:53:27	prepopulated. Confirm your profession.
uniqueID	09806a0c-654f-48aa-860c-b26cb4a99229	12 Select print new or
		duplicate and click on the

12. Select print new or duplicate and click on the save button from the bottom right hand corner of the screen.

Section C: How to print the fit note.

- 13. From the documents tab select the fit note
- 14. From the toolbar click on the icon 'Print Reports'
- 15. From the dropdown list select 'Fit Note'.
- 16. Select 'print new' or 'print duplicate'.

The fit note printout will appear as below:

For social security or Statutory Sick Pay			"You are not fit for work"	
Patient's Name		Your health condition You can go back to v	Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employers's	
l assessed your case on: 12/03/24		agreement, this may be before your fit note runs out.		
and, because of the Asthma, shortness of breath		"Your may be fit for work"		
ollowing condition(s):			employer cannot give employer will treat thi need to get another of	you the support you need and if this happens your s you the support you need and if this happens your s form as though you are " not fit for work ". You do not of these forms.
I advise you that: X you are not fit for work. you may be fit for working taking account of the following advice:		For more information please visit <u>www.gov.uk</u> and type "fit note guidance for patients and employees" into the search field. Fit note guidance for employers is also available.		
If available, and with you'r employer's agreement, you may benefit from: a phased return to work amended duties			Data for page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at <u>www.gov.uk/dwp/fit-note-data</u>	
altered hours	unctional effects of you of	orkplace adaptations	Fill in the Your detail you cannot fill in your	Is section. You can ask someone to do this for you if details yourself.
Comments, including functional effects of you condition(s):			Your details - Please use BLOCK CAPITALS	
Shortness of breath couch	and wheeting			
Shortness of breath, cough	and wheezing		Sumame	MR QUACKERS
Shortness of breath, cough	n and wheezing		Sumame	
Shortness of breath, cough	n and wheezing		Sum arne Other names	MR QUACKERS
Shortness of breath, cough	n and wheezing		Surname Othernames Address	MR QUACKERS DONALD 1STREAM ROAD
Shortness of breath, cough	n and wheezing		Surname Other names Address	MR QUACKERS DONALD I STREAM ROAD CTOURDEDGE WEET NEU ANDS DE 11 CE 12 D/2
Shortness of breath, cough 	r 2 Weeks	to 28/03/24	Surname Other names Address	MR QUACKERS DONALD I STREAM ROAD STOURBRIDGE WEST MIDLANDS Postal Code DY8
Shortness of breath, cough This will be the case for or frow will/will not need to ass	r 2 Weeks m 12/03/24 sess your fitness for word	to 25/03/24	Sum ame Other names Ad dress	MR QUACKERS DONALD I STREAM ROAD STOURBRIDGE WEST MIDLANDS Postal Code DY8 [11/3/1978 Mobile
Shortness of breath, cough This will be the case for or fro will/will not need to ass Please delete as applicable	n and wheezing T 2 Weeks m 12/03/24 sess your fitness for worf s)	to	Sum ame Other names Address Date of birth NI number	MR QUACKERS DONALD I STREAM ROAD STOURBRIDGE WEST MIDLANDS Postal Code DY8 (11/3/1978 Mobile
Shortness of breath, cough This will be the case for or fro will/will not need to as Please delete as applicable ssuer's name	r 2 Weeks m 12/03/24 eses your fitness for worf c) Graham, Stanley	to	Sum ame Other names Address Date of birth NI number	MR QUACKERS DONALD I STREAM ROAD STOURBRIDGE WEST MIDLANDS Postal Code DY8 11/3/1978 Mobile
This will be the case for or from will/will not need to as: Please delete as applicable ssuer's name ssuer's profession	n and wheezing T 2 Weeks T 12/03/24 sess your fitness for work Graham, Stanley Doctor	to 26/03/24 k again at the end of this period.	Sum ame Other names Address Date of birth NI number What you need	MR QUACKERS DONALD I STREAM ROAD STOURBRIDGE WEST MIDLANDS Postal Code DY8 I1/3/1978 Mobile I1/3/1978 Mobile IDense fourthin from to use services You would not Statute Sick
This will be the case for or fro will/will not need to as: Please delete as applicable ssuer's name ssuer's profession Jate of Statement	n and wheezing T 2 Weeks T 2/03/24 sess your fitness for work b) Graham, Stanley Doctor 12/03/24	to	Sum ame Other names Address Date of birth NI number What you need • If you are employ Pay (SSP) which is pair	MR QUACKERS DONALD I STREAM ROAD STOURBRIDGE WEST MIDLANDS Postal Code DY8 CONTROL OF THE OWNERS
This will be the case for or from will/will not need to as: Please delete as applicable ssuer's name ssuer's norfession late of Statement ssuer's address	r 2 Weeks m 12/03/24 sess your fitness for work or fitness for work boctor 12/03/24 Doctor 12/03/24 Dudley Group NHS Four Deventile Mal March-10	to 26/03/24 k again at the end of this period. dation Tr	Sum ame Other names Address Date of birth NI number What you need • If you are employ Pay (SSP) which is pair you form SSP1 to claim	MR QUACKERS DONALD I STREAM ROAD STOURBRIDGE WEST MIDLANDS Postal Code DY8 COM II / 3 / 1978 Mobile II / 3 / 1978 Mobile to do now dt: Please show this form to your employer. You could get Statutory Sick by your employer. If your employer cannot pay you SSP they will give benefits.
This will be the case for or fro will/will not need to as: Please delete as applicable ssuer's name ssuer's profession Jate of Statement ssuer's address	r 2 Weeks m 12/03/24 ess your fitness for work graham, Stanley Doctor 12/03/24 Dudley Group NHS Foun Russelis Hall Hospital Pensnet Road	to 26/03/24 k again at the end of this period. dation Tr	Sum ame Other names Address Date of birth NI number What you need • If you are employe Pay (SSP) which is pair you form SSP1 to claim • If you are seff-emple	
This will be the case for or fro will/will not need to as: Please delete as applicable ssuer's name ssuer's profession late of Statement ssuer's address	r 2 Weeks m 12/03/24 sess your fitness for worf b) Graham, Stanley Doctor 12/03/24 Dudley Group NHS Foun Russells Hall Hosptal Pensnet Road Dudley, West Midlands DV1 9/0.	to 26/03/24 k again at the end of this period. dation Tr	Sum ame Other names Address Date of birth NI number What you need • If you are employe Pay (SSP) which is pak you form SSP1 to claim • If you are seff-emp • If you are already claim.	