

## eMed3 fit note Training Guide for healthcare professionals

The following guide shows users how to create an eMed3 Fit Note also known as 'The Statement of Fitness for Work or 'sick note'. The form enables authorised healthcare professionals to give advice to their patients about the impact of their health condition on their fitness for work and is used to provide medical evidence for employers or to support a claim to health-related benefits through the Department of Work and Pensions.

### SECTION A: How to search for the form.

1. Log into **Sunrise** and select the required patient from the tracking board.

QUACKERS, DONALD	46y /M
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2. From the toolbar click **Enter Document**

3. Search for the document by typing either Sick Note, Fit Note or eMed3 into the search bar.

**QUACKERS, Donald (Mr)**      Born 11-Mar-1978 (46y)      Gender Male      NHS No: 924 774 0622

Address 1 Stream Road, STO...    Phone and Email 0154778    MRN 82001231    Location West C6 RM 1 Bed 4    Allergy Status Unkn...

Date of Service: 12 - Mar - 2024    Time: 13:14

Authored:  Date  Now    12 - Mar - 2024    Time: 13:14

Authored by:  Me  Other    Source: \_\_\_\_\_

Co-Signer(s):  \_\_\_\_\_  \_\_\_\_\_

Mark Note As:  Incomplete     Results pending     Priority

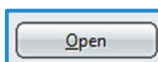
Manual Entry    Searching for sic

Document Name

Sick note assessment

[Need help?](#)    [Document Help](#)    [Open](#)    [Close](#)

4. Select required document and press [Open](#)

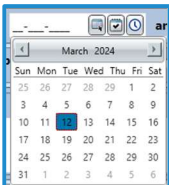


The document will now appear. Mandatory fields are indicated by the following symbol:



## SECTION B: How to complete the form.

5. To confirm the date the case was assessed on, click on the clock icon to the right of the date field; this will automatically populate with today's date. The date of assessment can be changed using the other icons.

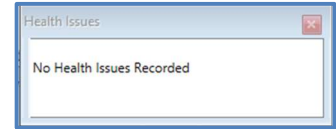
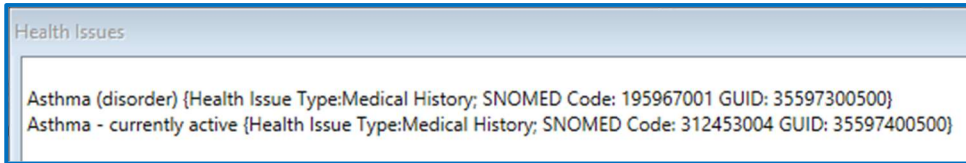


6. Select the required option either 'Coded Condition' or 'Free text Condition'.

Note: It is strongly recommended that you select a 'Coded Condition' unless the patient has multiple comorbidities, the coded condition is unavailable, or the patient has a sensitive condition in which case you may use the 'Free text Condition'.

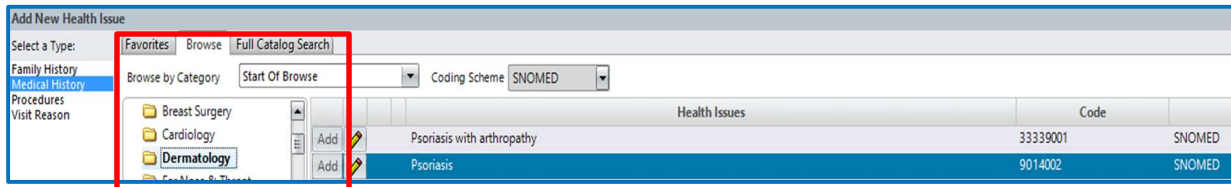
**Coded Condition:** This will allow the selection of an existing or new health condition.

**To add an existing Health Issue:** click on the **Health Issues (Use Existing)** and select the relevant condition.



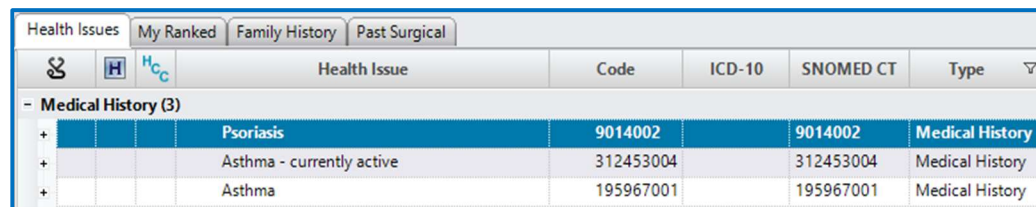
If the patient has no existing health issues the following box will appear

**To add a New Health Issue:** click on the **Health Issue Manager**, from here you can either browse the categories, for instance click on the 'Dermatology' category and a list of conditions will appear or you can click on the Full Catalog Search tab. This might be helpful when you can't find the category.

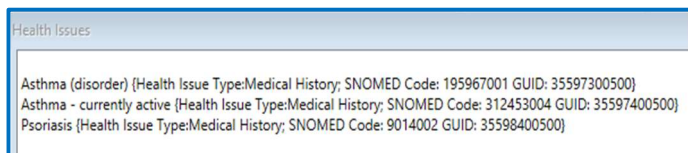


Remember to click 'Add'  to record the new Health Issue.

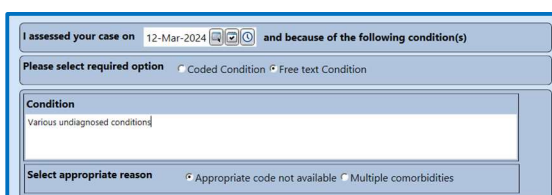
The Health Issues Manager will be updated. In this example, we have added the condition Psoriasis. Click on the 'Close' button to return to the form.



To add the new health condition to the form you must now click on the **Health Issues (Use Existing)** button and select the condition. It will then appear on the form.



**Free text Condition:** This will allow you to add multiple comorbidities or a sensitive condition. Please note that the text entered should be limited to no more than 5 lines (anymore won't appear on the printout). You will also need to specify the reason for not using a coded condition.



7. Now select the appropriate advice, you may decide that the patient is **'not fit for work'** and add comments.

I assessed your case on 12-Mar-2024 and because of the following condition(s)

Please select required option  Coded Condition  Free text Condition

**Condition**  
Asthma, shortness of breath

**Health Issues (Use Existing)** **Health Issues (Add New)**

I advise you that:  you are not fit for work  
 you may be fit for work taking account of the following advice

**Comments, Including functional effects of your condition(s)**  
Shortness of breath with wheezing and cough.

Or that the patient **'may be fit for work'**. Please tick all adjustments that would apply to support a safe return to work. In this example, we have recommended a phased return and amended duties, you can then add any relevant comments.

I advise you that:  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)**  
Monitor regular use of inhalers

8. Next confirm the sickness duration. The **'from'** date will populate with today's date and once you have indicated the number of days/weeks/months, the to date will automatically populate in the **'to'** field. In this example, we have selected 2 weeks.

This will be the case for 2  Days  Weeks  Months

or from 12-Mar-2024 to 26-Mar-2024

Note: If you make a manual change using the calendar, you will need to check that the number of days/weeks/months is correct as there is no data validation for manual changes.

During the first six months of the patient's health condition, a fit note can only be issued for a maximum of three months at a time. A review date can be set, where applicable.

Before issuing an indefinite sick note, you must check that the patient has been issued with 6 months prior.

9. If an **Indefinite** note is issued further information will be required.

An indefinite note should only be issued if the patient has been 'unfit for work' for the previous months. You will need to refer to their record to check this. If this is the case, you should tick the box below to confirm and proceed. However, if this is not the case you will need to go back and amend the fit note duration.

Indefinite note issued	<input checked="" type="checkbox"/> Yes
Has patient been unfit for work for at least 6 months?	<input checked="" type="checkbox"/> Yes

10. If a **Follow Up Assessment** is recommended the details can be recorded.

Please note that this does not trigger a schedule of follow-up appointment and does not appear on the printed eMed3 fit note. It has been included for reporting purposes.

Follow-up Assessment Required?	<input checked="" type="checkbox"/> Yes
Follow-up assessment date	26-Mar-2024

11. Your name will automatically appear in the **Issuer's Name** box.

Issuer's Name	Graham, Stanley
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12. Please select your profession based on your registration.

Issuer's Profession	<input checked="" type="radio"/> Doctor <input type="radio"/> Nurse <input type="radio"/> Physiotherapist <input type="radio"/> Occupational Therapist <input type="radio"/> Pharmacist
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13. The date and time of statement is populated for you.

Date of statement	12-Mar-2024 13:18
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14. You will then need to select 'Print New' for a new fit note or 'Print Duplicate' which will include a duplicate watermark.

Select required output	<input checked="" type="radio"/> Print New <input type="radio"/> Print Duplicate	Last printed date/time	
uniqueID	006e15dd-b43c-409c-a702-4a87b2145174		

Finally, click on the 'Save' button in the bottom right of your screen

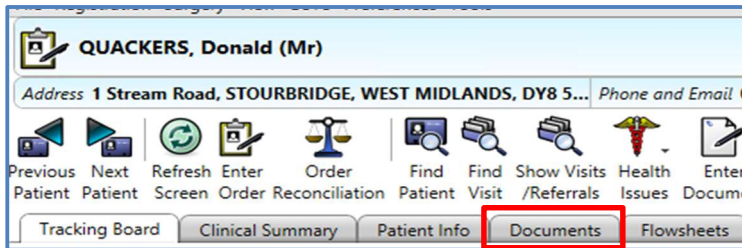
Save
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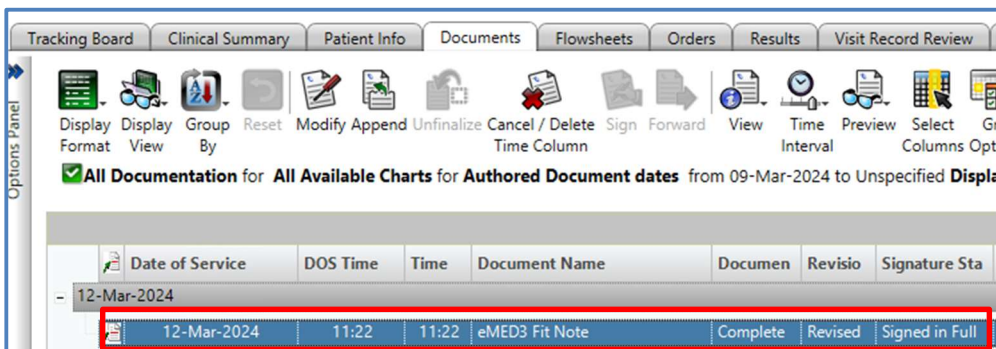
## SECTION C: How to print the fit note.

Ensure the correct patient is selected from the tracking board.

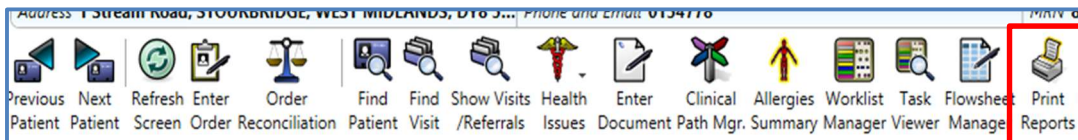
15. Click on the Document tab to locate the required Fit Note



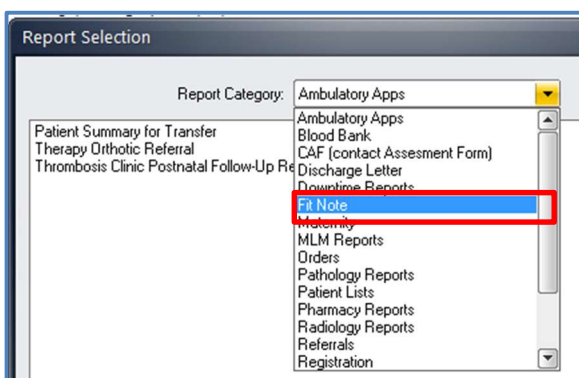
16. The prepared Fit Note will be visible in the list of documents - click to highlight.



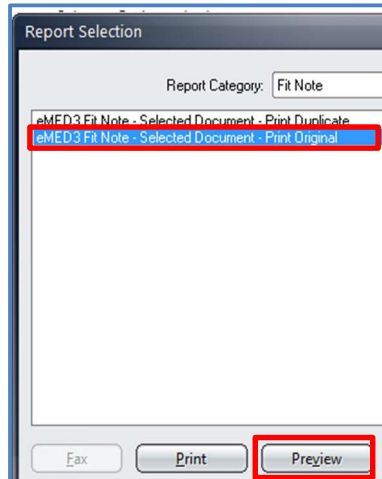
17. From the top toolbar select the **Print Reports** icon.



18. From the Report Category dropdown list select 'Fit Note'



19. Select 'Print Original'.



20. Before printing the note, it can be viewed by pressing the 'Preview' button.

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

Patient's Name: Mr DONALD QUACKERS

I assessed your case on: 12/03/24

and, because of the following condition(s): Asthma, shortness of breath

I advise you that:  
 you are not fit for work.  
 you may be fit for working 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):  
Shortness of breath, cough and wheezing

This will be the case for 2 Weeks  
or from 12/03/24 to 26/03/24

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: Graham, Stanley  
Issuer's profession: Doctor  
Date of Statement: 12/03/24  
Issuer's address: Dudley Group NHS Foundation Tr, Russells Hall Hospital, Pensnett Road, Dudley, West Midlands, DY1 2HQ, 01384-456111

Unique ID: 09806a0c-654f-48aa-860c-b28cb4a99229

**What your advice means**

**"You are not fit for work"**  
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 employer's agreement, this may be before your fit note runs out.

**"You may be fit for work"**  
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are "not fit for work". You do not need to get another of these forms.

For more information please visit [www.gov.uk](http://www.gov.uk) and type "fit note guidance for patients and employees" into the search field. Fit note guidance for employers is also available.

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 [www.gov.uk/dwp/fit-note-data](http://www.gov.uk/dwp/fit-note-data)

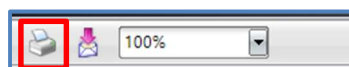
Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

**Your details** - Please use BLOCK CAPITALS

Sumame: MR QUACKERS  
Other names: DONALD  
Address: 1 STREAM ROAD, STOURBRIDGE WEST MIDLANDS, Postal Code DY8 2HU  
Date of birth: 11 / 3 / 1978    Mobile:   
NI number:   
**What you need to do now**

- If you are employed: Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP, they will give you form SSP1 to claim benefits.
- If you are self-employed: you could claim benefits.
- If you are already claiming benefits: Please send this form to the office dealing with your claim.
- If you need to make a claim to benefits: Visit [www.gov.uk/browse/benefits](http://www.gov.uk/browse/benefits) or phone 0800 328 5644 (8am to 6pm Monday to Friday). Textphone users call 0800 328 1344.

21. To print the Fit Note, select the printer icon in the top corner which will print to your chosen Ricoh 'Follow You' printer.



## SECTION D: How to print a copy of the Fit Note.

22. Select correct patient from the tracking board.

QUACKERS, DONALD	46y /M
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23. Locate the previously created Fit Note and highlight.

12-Mar-2024	11:22	11:22	eMED3 Fit Note	Complete	Revised	Signed in Full
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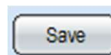
24. Select the **Modify** button and open the Fit Note.



25. This will also display the previous printed details.

<b>Select required output</b>	<input type="radio"/> Print New	<input checked="" type="radio"/> Print Duplicate	<b>Last printed date/time</b>	12-Mar-2024 15:53:27
<b>uniqueID</b>	09806a0c-654f-48aa-860c-b26cb4a99229			

Select '**Print Duplicate**' and press the save button



26. Follow steps 15-18 within this guide.

27. From the report list select '**Print Duplicate**'

Before printing the note, it can be viewed by pressing the '**Preview**' button.



The duplicate Fit Note will be displayed with a visible watermark indicating that it is a duplicate.

Statement of Fitness for Work For social security or Statutory Sick Pay	
Patient's Name	Mr DONALD QUACKERS
I assessed your case on:	12/03/24
and, because of the following condition(s):	Asthma, shortness of breath
I advise you that:	<input checked="" type="checkbox"/> you are not fit for work. <input type="checkbox"/> you may be fit for working taking account of the following advice:
<b>If available, and with your employer's agreement, you may benefit from:</b> <input type="checkbox"/> a phased return to work <input type="checkbox"/> amended duties <input type="checkbox"/> altered hours <input type="checkbox"/> workplace adaptations	
<b>Comments, including functional effects of you condition(s):</b> Shortness of breath, cough and wheezing	
This will be the case for <input type="text" value="2 Weeks"/> or from <input type="text" value="12/03/24"/> to <input type="text" value="26/03/24"/>	
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	Graham, Stanley
Issuer's profession	Doctor
Date of Statement	12/03/24
Issuer's address	Dudley Group NHS Foundation Tr Russells Hall Hospital Pensnett Road Dudley, West Midlands DY1 2HQ 01384-456111
Unique ID: 09806a0c-654f-48aa-860c-b26cb4a99229	

What your advice means	
<b>"You are not fit for work"</b>	
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 agreement, this may be before your fit note runs out.	
<b>"You may be fit for work"</b>	
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are "not fit for work". You do not need to get another of these forms.	
For more information please visit <a href="http://www.gov.uk">www.gov.uk</a> and type "fit note guidance for patients and employees" into the search field. Fit note guidance for employers is also available.	
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 <a href="http://www.gov.uk/dwp/fit-note-data">www.gov.uk/dwp/fit-note-data</a>	
Fill in the <b>Your details</b> section. You can ask someone to do this for you if you cannot fill in your details yourself.	
<b>Your details - Please use BLOCK CAPITALS</b>	
Surname	MR QUACKERS
Other names	DONALD
Address	1 STREAM ROAD
	STOURBRIDGE WEST MIDLANDS      Postal Code DY8 8PH
Date of birth	11 / 3 / 1978      Mobile
NI number	
<b>What you need to do now</b>	
<ul style="list-style-type: none"> <li>● If you are employed: Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form SSP1 to claim benefits.</li> <li>● If you are self-employed: you could claim benefits.</li> <li>● If you are already claiming benefits: Please send this form to the office dealing with your claim.</li> <li>● If you need to make a claim to benefits: Visit <a href="http://www.gov.uk/browse/benefits">www.gov.uk/browse/benefits</a> or phone 0800 328 5644 (8am to 6pm Monday to Friday). Textphone users call 0800 328 1344.</li> </ul>	

The 2D Barcode enables the receiver to confirm that the document is authentic. It contains details held within the form, such as the patient's name, address, date of issue, reason for issue, duration, name, and address of the issuer.