

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.

46y

QUACKERS, DONALD



- 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.

	Born 11-Mar-1978 (46y) Gende	rr Male NHS No: 924 774 0622
Address 1 Stream Road, STO Phone	and Email 0154778 MRN 82001231 Loca	tion West C6 RM 1 Bed 4 🛛 🕀 Allergy Status Unkn 🕻
Date of Service:	12 - Mar - 2024 🗟 CT Time: 13:	14
Authored: ODate Now	12 - Mar - 2024 CT Time: 13:	14
Authored by: Me Other 	Source:	
Co-Signer(s):		
Mark Note As: 🗌 Incomplete	Results pending Priority	
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Manual Entry	Searching for sic	
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	Sick note assessment	
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	Open	<u>Open</u> Close
Select required docum	ent and press	
Select required docum	Open	
Select required docum	ent and press	
Select required docum	ent and press	

ECTION B: How to complete the form.
Fit Note: Assessment Output
FITNESS TO WORK ASSESSMENT
Statement of Fitness for Work for Social Security or Statutory Sick Pay
I assessed your case on and because of the following condition(s)
Please select required option Coded Condition Free text Condition
I advise you that: O you are not fit for work O you may be fit for work taking account of the following advice
This will be the case for C Days © Weeks © Months or from Indefinite note issued Tyes
Follow-up Assessment Required?
Issuer's Name Graham, Stanley
Issuer's Profession © Doctor © Nurse © Physiotherapist © Occupational Therapist © Pharmacist
Date of statement 12-Mar-2024 C 13:18
Select required output C Print New C Print Duplicate
uniqueID 006e15dd-b43c-409c-a702-4a87b2145174

- 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.
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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.

ease select requi	red option Coded Condition Free text Co	ondition	
Condition]	•
Asthma, shortness of l	preath	Health Issues (Use Existing)	Health Issues (Add New)

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

Health Issues	
Asthma (disorder) {Health Issue Type:Medical History; SNOMED Code: 195967001 GUID: 35597300500} Asthma - currently active {Health Issue Type:Medical History; SNOMED Code: 312453004 GUID: 3559740050)}
	Health Issues Recorded

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.

Add New Health Issu	Add New Health Issue								
Select a Type:	Favorites Browse Fi	ull Catalog Sei	arch						
Family History Medical History	Browse by Category	Start Of Brows	e		Coding Scheme SNOMED				
Procedures Visit Reason	🗎 Breast Surgery				Health Issues	Code			
	Cardiology		Add	2	Psoriasis with arthropathy	33339001	SNOMED		
	Dermatology	_	Add	2	Psoriasis	9014002	SNOMED		

Remember to click 'Add' 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.

	ssues	My Rank	ed Family History Past Surgical					
8	H	HCC	Health Issue	Code	ICD-10	SNOMED CT	Туре	2
Madia		(3)						
+	al Hist	ory (3)	Psoriasis	9014002		9014002	Medical Hist	огу
+ +	ai Hist	ory (3)	Psoriasis Asthma - currently active	9014002 312453004		9014002 312453004	Medical Hist Medical Hist	

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.

	Health Issues
l	Asthma (disorder) {Health Issue Type:Medical History; SNOMED Code: 195967001 GUID: 35597300500} Asthma - currently active {Health Issue Type:Medical History; SNOMED Code: 312453004 GUID: 35597400500} Psoriasis {Health Issue Type:Medical History; SNOMED Code: 9014002 GUID: 35598400500}

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.

I assessed your case on 12-M	ar-2024 v and because of the following condition(s)
Please select required option	Coded Condition C Free text Condition
Condition	
Various undiagnosed conditions	
Select appropriate reason	← Appropriate code not available ← Multiple comorbidities

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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	I assessed your case on 12-Mar-2024 C C and because of the following condition(s)							
Please select required option Coded Condition Free text Condition								
Condition								
Asthma, shortness of breath								
I advise you that: • you are not fit for work • you may be fit for work taking account of t	he 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
	h your employer's agreement, you may benefit from: ork 🔽 amended duties 🗖 altered hours 🗖 workplace adaptations
Comments, Includin	g functional effects of your condition(s)
Monitor regular use of in	halers

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 C Months
or from 12-Mar-2024	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 Ves		
Has patient been unfit for work for a	t least 6 months? 🔽 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?	Ves
Follow-up assessment date	26-Mar-2024

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

Issuer's Name Graham, Stanley

12. Please select your profession based on your registration.

Issuer's Profession Octor ONURSE OPhysiotherapist OCcupational Therapist OPharmacist

13. The date and time of statement is populated for you.

 Date of statement
 12-Mar-2024 (13:18)

14. You will then need to select 'Print New' for a new fit note or 'Print Duplicate' which will include a duplicate watermark.

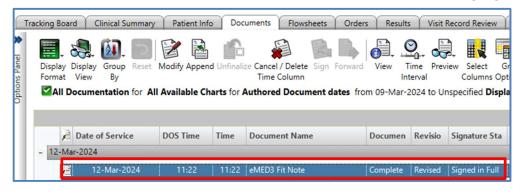
SECTION C: How to print the fit note.

Ensure the correct patient is selected from the tracking board.

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



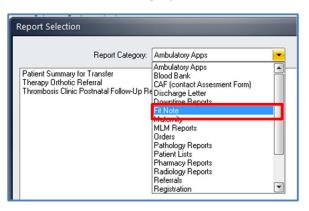
16. The prepared Fit Note will be visible in the list of documents - click to highlight.



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



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



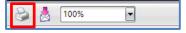
19. Select 'Print Original'.

Report Selection
Report Category: Fit Note MED3 Fit Note - Selected Document - Print Duplicate MED3 Fit Note - Selected Document - Print Original
Eax Print Preview

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

	social security or Statutory Sick Pay		"You are not fit for work" Your health condition means that you may not be able to work for the period shown.		
Patient's Name	Mr DONALD QUACKERS		You can go back to wo	ork as soon as you feel able to and, with your employers's be before your fit note runs out.	
l assessed your case on:	Asthma, shortness of breath		"Your may be fit fo		
and, because of the following condition(s):			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.		
l advise you that:	X you are not fit for work. you may be fit for working taking a the following advice:	account of	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 your a phased return to wor	employer's agreement, you may b			s form may be collected to learn about national osence. Individuals will not be identified. Find out dwp/fit-note-data	
altered hours	altered hours workplace adaptations		Fill in the Your details section. You can ask someone to do this for you if you cannot fill in your details yourself.		
Shortness of breath, cough an	nd wheezing	01	Your details - Please	USE BLOCK CAPITALS	
			Sumame	MR QUACKERS	
			Othernames	DONALD	
			Address	1 STREAM ROAD	
This will be the case for	2 Weeks			STOURBRIDGE WEST MIDLANDS Postal Code DY8	
or from	12/03/24 to	26/03/24	Date of birth	11/3/1978 Mobile	
(Please delete as applicable)	ss your nuless for work again at u	në ena or uns perioa.	NInumber		
Issuer's name	Graham, Stanley		What you need to		
Issuer's profession Date of Statement	Doctor 12/03/24		 If you are employed 	Please show this form to your employer. You could get Statutory Sick	
Issuer's address	Dudley Group NHS Foundation Tr Russells Hall Hospital		you form SSP1 to claim b	by yourem ployer. If yourem ployer cannot pay you SSP they will give enefits. oved: you could claim benefits.	
	Dudley, W est Midlands DY1 2HQ 01384-456111	 If you are server proyect you could cannot be reads. 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 or phone 			
	aa-860c-b26cb4a99229	- 101101-04-00F3		pm Monday to Friday). Textphone users call0800 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
23. Locate the previously created Fit Note and highlight.
12-Mar-2024 11:22 11:22 eMED3 Fit Note Complete Revised Signed in Full
24. Select the Modify button and open the Fit Note.
Display Display Group Reset Modify
25. This will also display the previous printed details.
Select required output O Print New O Print Duplicate Last printed date/time 12-Mar-2024 15:53:27
uniqueID 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 '
Report Selection Report Category: Fit Note - Stelected Document - Print Duplicate eMED3 Fit Note - Selected Document + Print Original
Eax Print Preview Options 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		What your advice means "You are not fit for work"		
Patient's Name	MrDONALD QUACKERS	Your health condition You can go back to w	means that you may not be able to work for the period sho work as soon as you feel able to and, with your employers's	
l assessed your case on:	12/03/24		be before your fit note runs out.	
and, because of the following condition(s):	Asthma, shortness of breath	"Your 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.		
l advise you that:	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 ployees" into the search field. Fit note guidance for	
a phased return to wo	workplace adaptations	patterns of sickness a more at <u>www.gov.uk</u>	Is section. You can ask someone to do this for you if	
Shortness of breath, cough a	ctional effects of you condition(s):	-	e use BLOCK CAPITALS	
Shorthess of breath, cough a	id wiee2hg	Sumame	MR QUACKERS	
		Othernames	DONALD	
		Other names Address	1 STREAM ROAD	
This will be the case for	2 Weeks		1 STREAM ROAD STOURBRIDGE WEST MIDLANDS Postal Code DY	
or from	12/03/24 to 26/03/24		1 STREAM ROAD	
or from		Address Date of birth	1 STREAM ROAD STOURBRIDGE WEST MIDLANDS Postal Code DY	
or from I will /will not need to asse	12/03/24 to 26/03/24	Address Date of birth NI number	1 STREAM ROAD STOURBRIDGE WEST MIDLANDS Postal Code DY (11/3/1978 Mobile	
or from I will/will not need to asse (Please delete as applicable) Issuer's name Issuer's profession	12/03/24 to 26/03/24 ss your fitness for work again at the end of this period. Graham, Stanley Doctor	Address Date of birth NI number What you need	to do now	
or from I will/will not need to asse (Please delete as applicable) Issuer's name Issuer's profession Date of Statement	12/03/24 to 26/03/24 ss your fitness for work again at the end of this period. Graham, Stanley Doctor 12/03/24	Address Date of birth NI number What you need to e. If you are employe Pey (SSP) which is paid	to do now dt: Please show this form to your employer. You could get Statutory is by your employer. If your employer annot pay you SP5 they will get Statutory and the statutory.	
or from I will/will not need to asse (Please delete as applicable) Issuer's name Issuer's profession	12/03/24 to 26/03/24 ss your fitness for work again at the end of this period. Graham, Stanley Doctor	Address Date of birth NI number What you need 9 If you are employe Pay (SSP) which is paid you form SSP1 to claim	to do now dt: Please show this form to your employer. You could get Statutory is by your employer. If your employer annot pay you SP5 they will get Statutory and the statutory.	
or from I will/will not need to asse (Please delete as applicable) Issuer's name Issuer's profession Date of Statement	12/03/24 to 26/03/24 ss your fitness for work again at the end of this period. Graham, Stanley Doctor 12/03/24 Dudley Group NHS Foundation Tr	Address Date of birth NI number What you need 1 • If you are employe Pay (SSP) which is paid you form SSP1 to claim • If you are seff-emp		

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.