Sickness And Fitness Certificates

Introduction:
Issuing of medical certificates is one of the duties as well as privileges of a registered medical practitioner. An increasing portion of the duties of a registered medical practitioner’s consists of issuing medical certificates. Though the pressure of every day practice and altering attitudes of many patients have made this an unpleasant task, it is still matter of considerable responsibility and numerous doctors have come to grief with either the health authorities or the medical councils of the country over irregularities in this task of issuing medical certificates. Pressure from patients to issue certificates may be great, and refusal may be difficult. However, the doctor’s conscience and good sense must guide him, as the consequences of carelessness may be severe. The signing of blank forms and prescriptions is particularly dangerous, however convenient it may be in busy practice.

The registered medical practitioner only can issue a sickness and/or fitness certificates. He or she has the information at hand and good knowledge of the patient. Sickness certificate is issued for the expected duration of illness and is required to be produced by the employees of various organizations, whether private of government, various educational institutes and also for purpose of receiving the insurance claims. Sickness certificate is issued when the person is still sick and undergoing treatment. Whereas, fitness certificate is required to be produced at the above named organizations and institutes at the time of resuming their duties once they are cured of the illness and are fit for the same. So, the fitness certificate is issued at the end of the medical treatment.

As the legal necessity of sickness and fitness certificates is required at every point of time when the person falls sick, the importance of its proper documentation and recording cannot be underestimated. Thus, all the RMPs should be familiar with and acquaint themselves with proper and correct method of issuing these certificates in proper prescribed formats and also the liabilities that arise from non compliance of the legal requirements in issuing these certificates.

Objectives:
The main objectives of issuing sickness and fitness certificate:
1. In schools and colleges to authenticate the sickness of the students.
2. In various organizations both private and government, to confirm the reason for absence from work
3. For various insurance purposes, to decide the amount of claims.
4. To excuse the attendance of the witness before a court of trial.
5. For sickness benefit as per the Employees State Insurance Act.

Rules for issuing the certificates:
- Only registered medical practitioner is authorized to issue Sickness and fitness certificates.
- These certificates should be preferably issued on letterheads bearing the name, qualifications, registration number and address of the RMP and it should be in the prescribed format.
The certificate is to be issued to the patient himself or to the guardian who has already given consent for examination and treatment for the illness of the patient.

A physician must ensure that any statements made in these certificates are to the best of his or her knowledge, accurate, and based upon current clinical information. The statements should not be untrue, misleading and improper in any way.

Before providing an opinion on a patient’s fitness to respective work in present sickness, a physician must ensure that he or she has a complete understanding and accurate information about the patient’s employment requirements.

A physician must not state that a patient has been under his or her care unless that is the case. The duration of the care should be indicated. The duration of illness mentioned in the certificate should be limited to the period during which the patient was actually under care and observation of the practitioner.

The certificate should not be issued for inadequate and extraneous reasons and should not be based on the information supplied by any other person.

The certificate must be accompanied by a brief resume of the case giving the nature of the illness, its symptoms causes and duration.

The practitioner should preserve with him a duplicate copy of the certificate issued, prepared in the same process with the original, at least for two years. Otherwise he should maintain a register with details of the certificate issued with serial number and the signature of the patient to whom certificate is issued.

If more than one copy of certificate is required to be issued, it is to be marked duplicate.

Medical practitioner can demand fees for issuing certificate, if not issued from free hospitals.

A physician must only sign a sickness certificate that he or she feels can be substantiated through a clinical assessment of the patient — to do otherwise would be ethically improper.

The practitioner should sign the certificate legibly at the end along with the registration number and also the signature/ Left thumb impression of the patient attested by him.

The certificate should pertain to the illness that is actually treated by the practitioner. If during the course of treatment of such illness, the practitioner comes across any other disease or ailment, which he has actually not treated (e.g. colour blindness noticed in a patient being treated for malaria OR Syphilitic chancre in a case being treated for accidental injuries) then that information should not be included in the sickness/ fitness certificate without the expresses written consent of the patient. In such cases, the rules that are applicable for professional secrecy and privileged communication should be followed.

Format:
Department of Forensic Medicine
Rural Medical College, Loni (Maharashtra)
No. ........../ F.M./ Med. Cert./ 2010          Loni, Dated .......... 2010

--> Certificate <--

(Medical certificate of sickness)

This is to certify that I .......................................................... have personally examined Shri/ Smt./ Ku. .......................................................... s/ w/ d/ o .........................................................., aged about .......... years, sex male/ female, caste .................................., occupation .................................. .........................................................., resident of .......................................................... (whose signature/ left thumb impression is verified as under). He/she is suffering from (disease) .......................................................... and I have advised him/ her .......................................................... .

I do consider that absence of ............................................. days with effect from ............................................. i.e. from ............................................. to ............................................. is absolutely necessary for restoration of his/ her good health.

Identification marks of patient:
1.
2.

..........................  Signature .............................................
Verified signature Name .............................................
or Qualification .............................................
left thumb impression Registration No. .............................................
of Designation .............................................
the patient Address .............................................
Date:
Place:  Stamp .............................................
Format:
Department of Forensic Medicine
Rural Medical College, Loni (Maharashtra)

No. ........../ F.M./ Med. Cert./ 2010 Loni, Dated .... 2010

--: Certificate :--

(Medical certificate of fitness)

This is to certify that I .......................................................... have personally examined Shri/ Smt./ Ku. ........................................ s/ w/ d/ o .........................................................., aged about ........ years, sex male/ female, occupation..........................................................

........................................,

.........................................................., resident of .......................................................... (whose signature/ left thumb impression is verified as under) and found that he/she has completely recovered from his/her illness and is now fit to resume duties in Government / private service with effect from ........... .

I also certify that before arriving at this decision, I have examined the original medical certificate and statement of the case on which leave was granted or extended and have taken them into consideration in arriving at my decision.

Identification marks of patient:

1.

2.

......................... Signature ........................................

Verified signature Name ........................................

or Qualification ........................................

left thumb impression Registration No. ......................

of Designation ........................................

the patient Address ........................................

Date:

Place: Stamp ........................................
Guidelines for completing the formats:

**Sickness Certificate:**

The following guidelines are suggested when completing a valid sickness certificate and registered medical practitioner while issuing a certificate of ill health should mention following points:

1. The certificate should be filled in legible handwriting.
2. Two identification marks should be mentioned in detail. The marks should be preferably from exposed parts of the body. The exact description of the marks as regards the location, site, size, colour etc should be mentioned.
3. The name of the RMP should be mentioned in full. The RMP who has examined the patient should only issue the certificate.
4. Name of the patient is to be written in full along with the age, sex and address.
5. The exact nature of illness should be mentioned. Any use of short forms or abbreviations should be avoided. The nature of illness should mention the ailment for which the patient approached the RMP and which was being treated by him.
6. The expected duration in number of days to be mentioned in the sickness certificate. If the RMP is of the opinion that any further increase in duration of treatment is anticipated, then such a comment can be made.
7. The signature of the medical practitioner along with the name in legible handwriting, registration number, date, time and place of examination should be mentioned.
8. Signature/ left thumb impression of the patient is always obtained in the presence of RMP himself.
9. If the patient informs the doctor that he was ill for last three days, which information the doctor is not in a position to verify, then he should mention such a fact as, ‘as per the information provided by the patient, he was ill since (date)’. However, the duration of illness in the sickness certificate will be from the date on which the patient visited the doctor.
10. If preprinted stationery is used, a practitioner shall delete words which are irrelevant.

**Fitness Certificate:**

The following guidelines are suggested when completing a valid fitness certificate and registered medical practitioner while issuing a certificate of ill health should mention following points:

1. The certificate should be filled in legible handwriting.
2. Two identification marks should be mentioned in detail. The marks should be preferably from exposed parts of the body. The exact description of the marks as regards the location, site, size, colour etc should be mentioned.
3. The name of the RMP should be mentioned in full. The RMP who has examined the patient should only issue the certificate.
4. Name of the patient is to be written in full along with the age, sex and address.

5. The exact nature of illness should be mentioned. Any use of short forms or abbreviations should be avoided. The nature of illness should mention the ailment for which the patient approached the RMP and which was being treated by him.

6. The exact duration in number of days to be mentioned in the fitness certificate.

7. The date from which the RMP considers the patient to be fit to resume his duties should be mentioned.

8. The signature of the medical practitioner along with the name in legible handwriting, registration number, date, time and place of examination should be mentioned.

9. Signature/ left thumb impression of the patient is always obtained in the presence of RMP himself.

10. If preprinted stationery is used, a practitioner shall delete words which are irrelevant.

Thus, these certificates should be drawn up with care and attention, with due sense of responsibility for opinion expressed in them.

**Liabilities:**

1. Issuing of a false certificate is not only ethically wrong but also attracts the provisions of Indian Penal Code.

2. Sec. 197 IPC: Whoever issues or signs any certificate relating to any fact knowing or believing that such certificate is false in any material point, shall be punished in the same manner as if, he gave ‘false evidence’.

3. Issuing of false certificate by a RMP may lead to penal erasure of the name of the practitioner from the medical register.

4. Physician may be required to testify in proceedings involving disputes between an employer and the employee (i.e. the physician's patient) based on the sickness/fitness certificate provided. Physicians can be summoned as witnesses in legal proceedings under oath, providing their clinical notes on a patient, in such proceedings where they may be examined and cross-examined by legal counsel.

5. Furthermore, based on their reports, physicians may be called to depose before any judicial or quasijudicial boards, tribunals etc in disputes, appeals before such tribunal proceedings, or to appear before a boards of arbitration under collective agreements. Carelessness in completion of these forms can have serious medico-legal implications for a physician.

6. If the patient suffers any damages due to inclusion of any untrue, incorrect, misleading information in the sickness/fitness certificate by the RMP the patient has the right to avail legal remedies by filing a civil suit.