



**Continuation of Med3 (sick line) request.**

1. Please complete this form if you would **prefer** to request a **continuation** of your Med 3 by handwritten means rather than obtaining a telephone appointment.
2. **If you have any outstanding or new medical issues, then you must make a telephone appointment to discuss this with a GP or ANP.**
3. The GP or ANP may request you make a telephone appointment if they are unable to complete the med 3 based on the information provided.
4. Please hand this form in up to **2 days** before your line expires and be aware it can take up to **1 week** to be completed by the clinician.
5. Please complete **ALL** fields of this form or the request could be denied.

Name:	Date of Birth:
Telephone Number:	

*Current illness / issue preventing you from working;*

<i>Requested start date of line</i>	<i>Requested end date of line</i>
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Please sign below to confirm you believe the above information is accurate to the best of your knowledge and that you have read and agree with points 1, 2,3, 4 & 5 above.

<i>Signature</i>	<i>Date</i>
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