

## Certificate for personal leave

This certificate is to certify that

on ..... / ..... / ....., **Mr Ms Miss** (select one) ..... (insert full name)

of .....

..... (insert address)

presented at this pharmacy.

In my professional opinion, based on the information provided to me at the time, he she (select one)

will be unfit to attend work for the period commencing ..... / ..... / ..... until ..... / ..... / .....

**This opinion was provided in my capacity as a pharmacist for the purpose of informing the employer of the named person that he/she is unfit for work due to illness/injury.**

This certificate was provided by

..... ( ..... )  
(Pharmacist's name) (Registration number)

in accordance with the evidence requirements under section 107(3) of the *Fair Work Act 2009* at

.....  
.....  
.....  
(Pharmacy address)

**OR**

(Pharmacy stamp/sticker)

Signed: ..... Date: ..... / ..... / .....