

THE UNITED REPUBLIC OF TANZANIA

SICK SHEET

(To be filled in by patient's Office /Division and filed when completed)

1. To Office in Medical Charge ofHospital/Rural Health Centre/Clinic/Dispensary.
Mr./Mrs/Miss..... Designation..... is sent here
with for treatment, He/She is entitled to Gradetreatment in terms of General Orders. **Appendix
O/11**

Date20..... Time..... Signature of Authorize Officer.....
Station.....Office/Division/Ministry.....

2. To Officer -in-Charge.....Office/Division/Ministry
I hereby certify that Mr./Mrs/Miss.....is under treatment and
Is able /unable* to follow his/her occupation. He /She is admitted to Hospital/treatment in Quarters/to attend
.....for treatment*

Date19.....Time..... Signature of Officer in Medical Charge.....

*Deleted whichever inapplicable

.....Hospital/Rural Health Centre/
Clinic/Dispensary

3. I hereby certify that Mr. /Mrs /Misshas now sufficiently.
Recovered to resume his/her occupation

Date20..... Time.....Signature of Officer in Medical Charge.....

4.days excuse duty granted.days light duty granted.
Date.....20..... Initials.....

RECORD OF ATTENDANCES AND VISITS

Date	Time	Remarks	Signature of Medical Officer or Visitor

INSTRUCTIONS

- (a) The sick sheet is to be used in all departments for all government officers, subordinate staff and employees.
- (b) A supply will be kept by all departments and by officers in medical charge (for use in case of direct applications for treatment in which case the sheet all be sent by the patient to the Head of Office/Division/Ministry for signature)
- (c) For each new illness a fresh sheet will be issued.
- (d) The sheet be signed at least twice in each week by the Officer in medical charged of the case and if so desired, by anyone detailed for the purpose by the department concerned, except when admitted to hospital.

P.(L)DSM