

THE UNITED REPUBLIC OF TANZANIA

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

1. To Officer in Medical charge of Hospital/Rural Health Centre/Clinic/ Dispensary
Mr/Mrs/Miss..... Designation..... is sent herewith for treatment.
He/She is entitled to Grade.....Treatment in terms of General Orders.
Date.....Time.....Signature of authorized Officer.....
Station.....Office/Division/Ministry.....
2. To Office 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/treated in Quarters/ to
attend.....For treatment.
Date..... Time.....Signature of Officer in Medical Charge.....
**Delete whichever inapplicable.....Hospital/Rural Health Centre/Clinic/Dispensary.*
3. I hereby certify that Mr/Mrs/Miss..... has now sufficiently recovered to
resume his/ her occupation.
Date..... Time.....Signature of Officer in Medical Charge.....
4. Days excuse duty granted..... Days light duty granted
Date..... Initials.....

RECORD OF ATTENDANCES AND VISITS:

Date	Time	Remarks	Signature of Medical Officer of Visitor

- 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 will be sent by the patient to the Head of Officer/Division/Ministry for signature)
- c) For each new illness a fresh sheet will be issued.
- d) The sheet will be signed at least twice in each week by the officer in medical charge of the case and, if so desired by anyone details for that purpose by the department concerned, except when admitted to hospital.

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GP (L) Dsm