

THE UNITED REPUBLIC OF TANZANIA



SICK SHEET FORM

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

- 1. To: The medical officer in charge of Hospital/Rural Health center/Clinic/Dispensary 1* Mr./Mrs/Miss Designation requires treatment He/She is entitled to Grade Treatment in terms of standing Order K.3

Date:20
 Time Signature of Officer
 Station Office/Division/Ministry

- 2. To. The Officer in-charge of Office/Division/Ministry.
 I 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 fortreatment.

Date 20/..... Time
 Signature of Medical Officer in Charge Hospital/Rural Health Center/Dispensary.

- 3. I certify that Mr./Mrs/Miss
 Has now sufficiently recovered to resume this/her occupation
 Date 20 Time

.....
 Signature of Officer in Medical Charge

- 4. I certify that Mr./Mrs/Mrs/Miss is granted excuse duty/
 days light duty

.....
 Signature of officer in Medical Charge
 Hospital/Rural Health Center/Dispensary

1* Delete whichever is inapplicable

