

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 herewith for treatment. He/she is entitled to GradeTreatment in terms of General
 Orders Appendix O.
 Date.....20.... TimeSignature of Authorized Officer

StationOffice/Division/Ministry

2. To Officer-In-ChargeOffice/Division/Ministry.
 I hereby certify that Mr./Mrs./Missunder treatment and
 Is able/unable* to follow his/her occupation. He/she is admitted to Hospital/treated in Quarters/to
 attend.....for treatment*
 Date20... Time.....Signature of Officer in Medical charter

*Delete whichever inapplicable.....Hospital/Rural Health
 Center/Clinic/Dispensary

3. I Hereby certify that Mr./Mrs./Miss.....has now sufficiently
 Recovered to resume his/her occupation.
 Date.....20.... TimeSignature of Officer in Medical charter.....

4.days excuse duty granteddays light duty granted
 Date20..... Initials.....

RECORD TO ATTENDANCES AND VISITS

Date	Time	Remarks	Signature of Medical Officer or Visitor

INTRODUCTIONS

- 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 Office/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 office in medical care of the case and if so desired by anyone detailed for that purpose by the department concerned except when admitted to hospital.