

THE UNITED REPUBLIC OF TANZANIA
KILOSA DISTRICT COUNCIL



SICK SHEET FORM

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

1. To: The Medical Officer in Charge of

Hospital/Rural Health Centre/Clinic/Dispensary²*

** Delete whichever is inapplicable*

Mr./Mrs./Miss.....

Designation..... requires treatment. He/She is entitled to
Grade treatment in terms of Standing Order K.2.

Date..... Year

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 for treatment*.

Date..... Year..... Time.....

.....
Signature of Medical Officer in Charge (Hospital/Rural health/Clinic/Centre/ Dispensary).

3. I certify that Mr./Mrs./Miss.....

has now sufficiently recovered to resume his/her occupation.

Date Year..... Time.....

.....
(Signature of Medical Officer in Charge)

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

.....
Signature of Medical Officer in Charge (Hospital/Rural Health Centre/Dispensary/Clinic)

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 by all Government employees.
- (b) A supply will be kept in all departments. Officers in medical charge may also keep a supply of sick sheets for use in case of direct applications for treatment, in which case the sick sheet will be sent by the patient to the Head of Division in the Ministry/Independent Department/Region/Local Government Authority for signature.
- (c) The sick sheet form is valid for three months.
- (d) The sick sheet will be signed by the medical officer in charge of the patient and, if so desired, by anyone detailed for that purpose except when admitted to hospital.