

THE UNISTED REPUBLIC OF TANZANIA

M.F.M.5

SICK SHEET: (To be filled in by patent’s Office/Decision and filed when completed)

1. To Officer in Medical change of.....
 Hospital/Rular Heath center /Clinic/Dispensary.
 Mr/Miss/Mrs:
 Designations is sent here with for treatment . He/She is entitled to Gradetreatment in term of general orders Appendix G/ii
 Date : Time:Signature of Authorizing Officer:
 Station..... Office/Division/Ministry:
2. To officer in charge :Office/Division/Ministry.
 I here by certify that Mr/mrs/Miss:
 Is under treatement 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 in applicable.
 Hospital/rural Health center/clinic/Dispensary.
3. I here by certify that Mr/Mrs/Miss:
 Has now sufficciffiently recovered to resume/his her occupation.
 Date Time: signature of officer in Medical charge:
 Days excuse granted: Days light duty granted.
 Date:Initials:

RECORD OF ATTENDANCES AND VISITS

DATE	TIMES	REMARKS	SIGNATURE OF MEDICAL OFFICE 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 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 wee by the Officer in Medical change of the case and, if so desired, by any one detailed for that purpose by the department concerned, except admitted to Hospital.

.....

