



**UNITED REPUBLIC OF TANZANIA
PRESIDENT'S OFFICE
REGIONAL AND LOCAL GOVERNMENTS
RUNGWE 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/Dispensary Mr/Mrs/Miss
.....
Destination required 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/
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

Delete whichever is inapplicable

RECORD 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 treatments, in which case the sick sheet will be sent by the patient to the Head of Division in the Ministry/Independent/Department/Regional/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.