

**THE UNITED REPUBLIC OF TANZANIA**

**SICK SHEET**

(To be filled in by Patient's  
Office/Division and filed when  
Completed)

1. To Officer in Medical Charge of:.....  
Hospital/Rural Health Centre/Clinic/Dispensary  
Mr./Mrs./Miss:..... Des3ignation..... is  
sent herewith for treatment. He/She is entitled to Grade.....

**Appendix0/11**

**Date**..... **Time** ..... **Signature of Authorized  
Officer**.....  
**Station** ..... **Office/Division/Ministry** .....

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2. To Office in Charge ..... Officer/Division/Ministry  
I hereby 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 .....  
..... of treatment\*  
**Date** .....20..... **Time** .....

**Signature of Officer in Medical charge** .....  
Hospital/Rural Health Centre/Clinic/Dispensary.  
*Delete whichever inapplicable*

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3. I her certify that Mr./Mrs./Miss. ....  
has now sufficiently recovered to resume his/her occupation  
**Date** ..... 20..... **Time**..... **Signature of Officer in  
Medical Charge** .....

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4. .... Days excuse duty granted  
..... day Light duty granted  
**Date** ..... **Initials** .....

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**RECORD OF ATTENDANCES AND VISITS**

DATE	TIME	REMARKS	SIGNATURE OF MEDICAL OFFICER OF VISITOR

**INSTRUCTIONS**

- (a) The sick sheet is to be used in all departments for all Government Officers, subordinate staff and employee.
- (b) A supply will be kept by all departments and by officers in Medical Charge (for use in case of direct application 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 as fresh sheet will be used.
- (d) The sheet will be signed at least twice in each week by the Officer in Medical charge of the case and, if so desired, by anyone detailed for that purpose by the department concerned except which admitted to Hospital