APPENDIX K/III

(Made under Standing Order K.11)

THE UNITED REPUBLIC OF TANZANIA STANDING ORDERS OF THE PUBLIC SERVICE

SICK SHEET FORM

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

1.	To: The Medical Officer in Charge of		
	-	spensary ^{1*} . Mr./Mrs./Miss Requires treatment. He/She is entitled to Grade treatment in	
	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		
		Year Time in Charge Hospital/Rural	
3.	I certify that Mr./Mrs./Miss Has now sufficiently recovered to resur	ne his/her occupation	
	Date Year	Time	
		Signature of Medical Officer in Charge	
4.	·	ys excuse duty/Days light duty.	
		Signature of Medical Officer in Charge Hospital/Rural Health Centre/Dispensary/Clinic	

¹ Delete whichever is inapplicable

Date	Time	Remarks	Signature Of Medical Officer Of Visitor

RECORD OF ATTENDACES AND VISITS

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 sic 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.