

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
Hospital/Rural Health Centre/Clinic/Dispensary ^{1*}. 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

¹ Delete whichever is inapplicable

