

**THE UNITED REPUBLIC OF TANZANIA
STANDING ORDER OF THE PUBLIC SERVICE**

SICK SHEET FORM

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

1. To: The Medical Officer in Charge of _____
Hospital/Rural Health Centre/Clinic/Dispensary 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/ treat 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: _____

4. I certify that Mr./Mrs./Miss _____ is granted _____
_____ days excise duty _____ day light duty.

Signature of Medical Officer in Charge
Hospital/Rural Health Centre/Dispensary/Clinic _____

RECORD OF 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 sheet for use in case of direct application for treatment, in which case the sick sheet will be sent by the patient to the Head of Division in the Ministry/Independent Departments/ 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 submitted to hospital.
- [e] _____

Sick Sheet Form Sample

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Sick Sheet Form Sample:

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