

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

SICK SHEET FORM

(To be filed 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 excuse 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 |
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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 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.
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