**THE UNITED REPUBLIC OF TANZANIA M.F.M. 5**

**SICK SHEET** ( To be filed 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 …………………………………………………….. Designation ……………………………………………………….

 is sent here with for treatment. He/She is entitled to Grade ………… treatment in in terms of General Orders Appendix O/11.

Date ……………….. 19 ………. Time …………………………… Signature of Authorized officer ………………………

Station ………………………………………………….. Office/Division/Ministry ………………………………………………….

2. To Officer in Charge ……………………………………………………………………………. Office/Division/Ministry.

 I hereby certify thati 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 ……………………..19…… Time ……………. Signature of Officer in Medical Charge ……………………….

* Delete whichever inapplicable. ……………………. Hospital/Rural Health Centre/Clinic/Dispensary

3. I hereby cerify that Mr./Mrs/Miss …………………………………………………………………… has now sufficiently

 recovered to resume his/her occupation.

Date ……………………………….. 19 …………. Time …….. Signature of Officer in Medical Charge …………………….

4. ……………………………………………. days excuse duty granted.

Date …………………………………… 19 …………. Initials ……………………………………………

**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 for all Government Officers, subordinate staff and employees

(b) A supply will be kept by all departments and by officers in medical charge (for use in case of direct applications 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 a fresh a heat will be issued.

(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 when admitted to hospital.