

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/Dispensary¹. 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

