

THE UNITED REPUBLIC OF TANZANIA

M.F.M.5

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

1. To Officer in Medical charge ofHospital/Health Centre/Dispensary/Clinic.

Mr./Mrs./Miss Designation

Is sent here with for treatment. He is entitled to gradeTreatment in terms of Appendix O/11

Date:Time.....Signature of Authorized Officer:

.....
Designation and Office

2. To: Officer-in-Charge

Office/Division/Ministry.

I hereby certify that Mr/Mrs/Miss is under Treatment and is able/unable to follow his/her/occupation. Her/She is admitted to Hospital treated in quarters/to attendfor treatment.

Date:Time: Signature of Officer in Medical charge

Hospital/Health/Centre/Dispensary

3. I here by certify that Mr/Mrs/Miss:

Has now sufficiently recovered to resume his/her occupation.

4.days excuse duty granted Days light duty granted.

Date: 200.....Initials

RECORD OF ATTENDANCE AND VISITS

DATE	TIME	REMARKS	SIGNATURE OF MEDICAL OFFICER OR VISITOR

- a) The sick sheet is to be used 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 sheet will be issued.

- d) The sheet will be signed at least twice in each week by the officer in medical charge at the case and if so desired by anyone detailed for that purpose by the department concerned, except when admitted to Hospital.