

APPENDIX K/III
(Made under Standing Order K.11)

THE UNITED REPUBLIC OF TANZANIA
STANDING ORDERS OF THE PUBLIC SERVICE, 2009

SICK SHEET FORM

(To be filled in bay patient's Office/Divison anda field when completed)

1. To: The Medical Officer in Charge of.....
Hospital/Rural Health Centre/ Clinic/Dispensary²*. 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/ Divison/ Ministry.....

2. To: Officer - in -Charge of.....
Office/Divisio/Ministry.
I certify that Mr./Mrs./Miss.....is under treatment and
Is able/unable* to follow his/her occupation. He/He ia admitted to Hospital/treated in
Quarters/to attend for.....treatment*.

Date.....Year.....Time.....
Signature of Medical Officer in Charge.....Hospital/RuralHealth/Clinic/Centre/
Dispensary

3. I certify that Mr./Mrs./Miss.....
Has now sufficiently recovered to resume his/her occupatio.

Date.....Year.....Time.....

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Signature of Medical Officer in Charge

4. I certify that Mr./Mrs./Miss is granted.....days excuse
duty/.....days light duty

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

