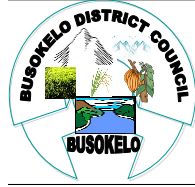


BUSOKELO DISTRICT COUNCIL

Tel No. +2557 37205318
Fax No: +255 732 951 745
Email: ded.busokele@mbeya.go.tz



District Executive Director,
P.O.Box. 2,
TUKUYU.

Ref. No. BDC.....

Date:.....

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/Dispensary.
Mr/Mrs/Miss:Designation:.....
Requires treatment: He/She/is entitled to Grade:.....
treatment terms of Standing Order K.2

Date:years:.....
Time:Signature of Officer:.....
Station:Officer/Division/Ministry:.....

2. TO: The Officer-in Charge of:
Office/Division/Ministry.
I certify that Mr/Mrs/Miss:
Is able/unable* to follow his/her occupation. He/She is admitted to
Hospital/treated in Quarters/to attend for:.....

Date:.....Year:.....Time:.....
Signature of Medical Officer in charge:.....
Hospital/Rural/Health/Clinic/Cente/Dispensary

3. I certify that Mr/Mirs/Miss:
Has now sufficiently recovered to resume his/her occupation.

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

.....
Signature of Medical Officer in Charge

1. 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

RECORD OF ATTENDANCE AND VISITS:

Date	Time	Remarks	Signature of Medical Officer or Visitor

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. Officer in medical charge may also keep a supply of sick sheets for use in case of direct applications of 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 of signature.
- (c) The sick sheet from is valid for three months.
- (d) The sick sheet will be signed by the medical officer in charge of patient and, if so desired by anyone detailed for that purpose except when admitted to hospital.