

**THE UNITED REPUBLIC OF TANZANIA  
STANDING ORDER OF THE PUBLIC SERVICE**

**SICK LEAVE FORM**

(To be filled in by patient in Office/Division and filed when complete)

1. To: The Medical Officer in Charge of \_\_\_\_\_  
 Hospital/Rural Health Centre/Clinic/Dispensary 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/visit 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: \_\_\_\_\_

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

\_\_\_\_\_  
 Signature of Medical Officer in Charge  
 Hospital/Rural Health Centre/Dispensary/Clinic

**RECORD OF ATTENDANCES 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. Officers in medical charge may also keep a supply of sick sheet for use in case of direct application for treatment, in which case the sick sheet will be sent by the patient to the Head of Division in the Ministry/Independent Departments/Region/Local Government Authority for Signature.
- (c) The sick sheet form is valid for three months.
- (d) The sick sheet will be signed by the Medical Officer in Charge of the patient and, if so desired, by anyone detailed for that purpose except when submitted to hospital.
- (e) \_\_\_\_\_

# Sick Sheet Form Sample

**LP Steffe**



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