

HALMASHAURI YA WILAYA YA MTWARA



SICK SHEET

1. To Officer in Medical Charge of.....Hospital/Health Centre/Dispensary.

Mr/Mrs/Miss.....Designation.....

Is sent herewith for treatment. He/She is entitled to Gradetreatment

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

Station:..... Office/Division.....

2. To Officer in Charge.....Office/Division

I hereby 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.....for treatment*

Date20.....Time..... Signature of Office in Medical Charge.....

Delete whichever inapplicableHospital/Health Centre/Dispensary

3. I here certify that Mr/Mrs/Miss.....has now sufficiently recovered to resume his/her occupation.

Date.....20..... Time..... Signature of Officer in Medical Charge.....

4. Days excuse duty granted.....days light duty granted.

Date 20..... Time..... Signature of Officer in Medical Charge.....

RECORD OF ATTENDANCE AND VISITS

DATE	TIME	REMARKS	SIGNATURE OF MEDICAL OFFICER OR VISITOR