M.F.N

THE UNITED REBUBLIC OF TANZANIA

ENGINEERS REGISTRATION BOARD

SICKSHEET FORM

(To be filled in the patient office/ Division and filled when completed)

1. To Officer in Medical Charge of .....Hospital /Rural Health Centre/Clinic/ Dispensary. Mr./Mrs./Miss..... Designation.....is sent herewith for treatment He/ She is entitled in Centre.....treatment in terms of Standing Orders Appendix K.2.

   Date: .....Time: .....Signature of Authorized Officer: .....
   Station: .....'..... Office/ Division / Ministry: .....

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2. To officer in charge ..... Officer / Division / Ministry
   There by 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 Quarter / to attend ..... for treatment.

   Date: .....Time: .....Signature of officer in Medical charge.....
   *delete whichever inapplicable: ..... Hospital / Rural Health Centre / Clinic /
   Dispensary.

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3. There by certified that Mr. / Mrs. / Miss .....has now sufficiently recovered to resume his / her occupation.

   Date: .....Time: .....Signature of officer in Medical charge .....

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

   Date: ..... Initials: .....

RECORDS 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 for all Government officer, 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 Officer / 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 of the case and is so desired, by anyone detailed for that purpose the department concerned, except when admitted to hospital.