

LOCAL GOVERNMENT SERVICE OF TANZANIA

FORM LGSG.41

APPENDIX F:

**SICK SHEET
(Regulation 10 – 140)**

PART A:

To: Officer in Medical in charge of -----
Hospital/Rural Health Centre/Clinic/Dispensary. Mr/Mrs/Miss -----

Designation -----
is sent herewith for treatment. He/she is entitled to Grade -----
Treatment in terms of general orders Appendix O/II.

DATE **SIGNATURE**

To: -----

I hereby certify that Mr/Mrs/Miss -----
Under treatment and is able/unable to follow his/her occupation. He/she is admitted to
Hospital/Treated in quarters/to attend -----

Date: ----- **Time** -----
Signature of Officer in Medical Charge

Hospital/Rural Health Centre/Clinic/Dispensary:

PART B: RECORD OF ATTENDANCES AND VISITS:

DATE	TIME	REMARKS	SIGNATURE OF MEDICAL OFFICER