

**LOCAL GOVERNMENT SERVICE OF TANZANIA**

**APPENDIX "E-I"**

FORM: LGSC. 4A.

**SICK SHEET**

(Regulation 140)

**PART A:**

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

Mr/Mrs/Miss .....

Designation .....

is sent here with for treatment. He is entitled to Grade .....

Treatment in terms of Regulation 139.

Date: .....2017..... Time: ..... Signature of

Authorized Officer

.....  
Designation and Office

.....

**PART B:**

To: .....

.....

.....

I Hereby certify that Mr/Mrs/Miss .....

..... is under treatment and is able-unable to follow

His/her occupation. He/She is admitted to .....

Treated in Quarters/to attend ..... for treatment.

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

.....  
Hospital/Health Centre/Disp./Clinic

**PART C:**

To: .....  
.....  
.....

I hereby certify that Mr/Mrs/Miss .....  
..... Has now sufficiently recovered to resume  
His/her occupation he/she is allowed .....

Days excuse/light duty.

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

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Hospital/Health Centre/Dispensary/Clinic

**PART D:**

**RECORD OF ATTENDANCE:**

Date:	Time:	Remarks:	Initial of Officer in Medical Charge.
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**Conditions:**

1. For each new illness a fresh sheet will be issued.
2. On return from treatment the sick sheet must be presented to the Authorized Officer/Employer.