

THE UNITED REPUBLIC OF TANZANIA



SICK SHEET

(to be filled in by patient's office/division filled when completed)

Mr/Mrs/Miss..... designation..... is sent here with for treatment. He/She is entitled to grade.....

Date 20 Time Signature of Authorized Office

..... Days excused from duty

..... Days granted for light duty

DATE	TIME	REMARKS	SIGNATURE OF MEDICAL OFFICER