

**LOCAL GOVERNMENT SERVICE OF TANZANIA
SICK SHEET**

FORM: LGSC.44

APPENDIX "E-I"

(To be filled in by patients Officer/division and filled with complete)

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

Mr/Mrs/Miss.....Designation.....Herewith for treatment. He/She is entered to grade.....Treatment, in terms of General Order Appendix C/II

Date:..... **Time:**.....

.....
**Signature Of Authorized Officer
Officer/Division/Ministry**

Station.....Officer/Division/Ministry

2. To Officer in charge.....Officer/Division/Ministry. I hereby certify that Mr/Mrs/Miss..... is under treatment and is able/unable to follow his/her occupation. He/She is admitted al/Treatment in quarters/ to attend.....
.....For treatment.

Date:.....**Signature of Officer in medical In- Charge**.....

3. I hereby certify that Mr/Mrs/MissHas now sufficiently recovered to resume his/her occupation.

Date:..... **Signature of medical In-charge**.....

.....Days excuse duty granted.....says light duty granted.

Date:.....**Time:**.....**Initials**.....

DATE	EXCUSE DUTY/LIGHT DUTY	SIGNATURE