LOCAL GOVERNMENT SERVICE OF TANZANIA

FORM: LGSC 4A APPENDIX "E"

SICK SHEET (Regulation L.40)

PART A:			
To: Officer in Medical Charge of			
Mr./Mrs/Miss			
Designation			
Is sent here with for treatment. He/She is entitled to Grade			
Date:	Time		
	Signature of Authorized Officer		
PART B:			
То:			
There by 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		
Date	Time		
	Signature of Officer in Medical Charge		
	Hospital/Health Centre/Disp/Clinic		
PART C:			
To:			
To:			
There by certify that Mr/Mrs/Miss			
HAS NO SUFFICIENTLY RECOVERED TO RESUME	his/her occupation he/she is allowed		
days excuse/light duty.			
Date			
PART D: RECORD OF ATTENDANCE			

Date	Time	Remarks	Initial of in Medical Charge

Conditions:

- 1. For each new illness a fresh sheet will be issued
- $2. \hspace{0.5cm} \hbox{On return from treatment the sick sheet must be presented to the Authorized Officer/Employer} \\$