

SICK SHEET: (To be filled in by patients, Office/Division and filed when completed)

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

Mr/Mrs/Miss Designation..... is sent herewith for treatment. He/she is entitled to gradetreatment in terms of General Orders. Appendix 0/11.

Date:..... Time..... Signature of Authorized Officer..... Station: Office/Division/Ministry.....

2. To Officer in Charge..... office/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 to Hospital/treated in Quarters/to attend..... For treatment.

Date: Time..... Signature of Officer in Medical charge.....

• Delete whichever inapplicable. Hospital/Rural

Health Centre/Clinic/Dispensary

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

Date: Time: Signature of Officer in Medical charge.....

4. days excuse duty granted. days light duty granted

Date..... Initials:

RECORD OF ATTENDANCES AND VISITS.

DATE	TIME	REMARKS	SIGNATURE OF MEDICAL OFFICER OR VISITOR

Instructions:

- (a) The sick sheet is to be used in all departments for all Government Officers, subordinates staff and employees.*
- (b) A supply will be kept by all departments and by officers in medical charge (for use in case of direct applications for treatment in which case the sheet will be sent by the patient to the Head of Office/ Division/Ministry for signature)*
- (c) For each new illness a fresh sheet will be issued*
- (d) The sheet will be signed at least twice in each week by the officer in Medical charge of the case and if is desired by anyone detailed for that purpose by department consigned except when admitted to hospital.*