

**THE UNITED REPUBLIC OF TANZANIA**



**PRESIDENT'S OFFICE REGIONAL  
ADMINISTRATION AND LOCAL  
GOVERNMENT  
CHUNYA DISTRICT COUNCIL**



**LOCAL GOVERNMENT SERVICE TANZANIA**

**FORM: LGSC. 4A**

**APPENDIX "E"-I**

**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/she is entitled to Grade.....  
Treatment in terms of Regulation 139.

Date:..... Time: ..... Signature of Authorized Officer

.....  
Designation and Office

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**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: ..... Time: ..... Signature of Officer in Medical Charge

.....  
.....Hospital/Health Centre/Dispensary/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:..... Time: ..... Signature of Officer in Medical Charge

.....

.....Hospital/Health Centre/Dispensary/Clinic

.....

**PART D: RECORD OF ATTENDANCE**

Date	Time	Remarks	Initial of Officer in Medical Charge

**Conditions:**

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