

**SICK SHEET.** ( To be filed in by patient’s Office/ Division and filled when completed)

1. To Officer in Medical Charge of.....Hospital / Rural Health Center/ Clinic/ Dispensary  
 Mr/ Mrs /Miss .....Designation .....  
 Is sent herewith for treatment. He/ She is entitled to grade ..... Treatment in terms of General Orders.  
 Appendix O/11

Date..... 200... 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.....200... Time..... Signature of Officer in Medical Charge.....  
 \*Delete whichever inapplicable .....Hospital/Rural Health Center/Clinic Dispensary

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

Date.....200... Time..... Signature of Medical Officer in Charge.....

4. ....days excuse duty granted. .... days light duty granted.

Date..... 200.. (initials) Signature of Medical Officer in Charge.....

**RECORDS OF ATTENDANCE 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, subordinate staff and employees
- b) A supply will be kept by all departments and officers in Medical charge
- 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.