

al Office

**SICK SHEET**

(To be filled in by patient's office/division and filed 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..... 2010 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.....2010 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.....2010 Time.....Signature of Office in Medical Charge.....

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

Date .....2010 Initials.....

## RECORD OF ATTENDANCES AND VISITS

[illegible]

## 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 by officers in medical charge (for use in case of dire applications for treatment in which case the sheet will be sent by the patient to the head of office/division/ministry of signature).
- (c) For cash new illness a fresh sheet will be issued.
- (d) The sheet will be signed at least twice in cash week by the officer in medical charge of the case and, if so desired, by anyone detailed for that purpose by the department concerned, except when admitted to hospital.

**GP (I.) DMMO**