

LOCAL GOVERNMENT SERVICE OF TANZANIA

FORM LGSC 4A

SICK SHEET

APPENDIX" E-1

(Regulation 140)

PART "A"

To:Officer In Medical Charge

.....Hospital /Health Center/Clinic

Mr/Mrs/Miss..... Designation.....

Is sent here with for treatment .He/She entitled to Grade

Treatment in terms of Regulations 139.

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

PARTB:

To.....

.....
.....

I here by certify that Mr/Mrs/Miss.....

Is Under treatment and is able /under to follow his/her occupation.

He/She is admitted totreated in Quarter /ton attendfor treatment .

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

.....
.....Hospital /Health Center/Dispensary/Clinic

PART C

To.....

.....
.....

I here by certify that Mr.Mrs/Miss.....has now sufficiently recovered to resume his/her occupation he /she allowed.....day excuse /Light duty

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

.....Hospital /Health Center/Dispensary/Clinic

PART D:

DATE	TIME	REMARKS	INITIAL OFFICER MEDICAL CHARGE

Condition: 1. for each new illness a fresh sheet will be issued

2. On return from treatment the sick sheet must be present Authorized Officer /Employer.