



## **OLJABET HOSPITAL**

### **CLINICAL DEPARTMENT**

Email;oljabethospital@gmail.com/@yahoo.com

...24...../.3.../2023.

When replying please quote.....

#### **SICK OFF SHEET**

NAME:.....

AGE:.....

SEX:.....

IP/NO:.....

OP/NO:.....

The above named person was treated/admitted to Hospital on.....24/03/2030..... at our Hospital. He/ She requires the provision of .....24/03/2023..... off duty/work for proper recovery, medication and/ or post treatment recovery/full recovery.

Diagnosis:.....  
.....

PMSH.....  
.....

#### **Medical Officer:**

Name;.....

Sign:.....

Date:.....

Hospital Stamp:.....