



OLJABET HOSPITAL

CLINICAL DEPARTMENT

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

...../..../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..... at our Hospital. He/She requires the provision of Days/Weeks off duty/work for proper recovery, medication and/ or post treatment recovery/full recovery.

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

PMSH.....
.....

Medical Officer:

Name;.....

Sign:.....

Date:.....

Hospital Stamp:.....