

SICK SHEET (to be filled in by patient's officer/Division and filed when completed)

1. To Officer in Medical Charge of ..... Hospital/Rural Health Centre/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.....20.....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 Centre/Clinic/Dispensary

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

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

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

Date.....200..... Initials.....

**RECORD OF ATTENDANCES 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 by officers in medical charge (for use in case of direct application for treatment in which case the sheet will be sent by the patient to the Head of Office/Division/Ministry for signature).
- 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 of the case and, it so desired, by anyone detailed for that purpose by the department concerned, except when.....

GP(L)DSM.