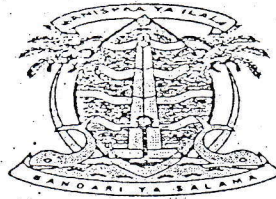


HALMASHAURI YA MANISPAA YA ILALA

FORM LGSC. 4

APPENDIX 'E' - 1



SICK SHEET

(REGULATION 140)

PART A

TO: Officer in Medical charge of \_\_\_\_\_  
Hospital/Health Centre/Dispensary/Clinic \_\_\_\_\_  
Mr./Mrs./Miss \_\_\_\_\_  
Designation \_\_\_\_\_  
Herewith for treatment. He is entitled to grades \_\_\_\_\_  
Treatment in terms of Regulations 139

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Authorized Officer)

PART B:

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that Mr/Mrs/Miss \_\_\_\_\_  
Is under treatment and is able/unable to follow his/her quotation  
He/She is admitted to \_\_\_\_\_ Quarters/to attend  
\_\_\_\_\_ for treatment.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Officer in Medical Charge

\_\_\_\_\_  
Hospital/Health/Centre/Dispensary/Clinic