

# INSTITUTE OF ADULT EDUCATION

## DAR ES SALAAM



### SICK SHEET

(To be filled in Head of Department or authorized person)

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

is sent herewith for treatment.

Date .....20.....Time .....Department.....

Signature of authorized officer.....

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To Authorized Officer.....Department.....

I hereby certify that Mr./Mrs./Miss.....

Has complete Treatment /is under treatment but not excused from duty/is excused from duty from.....to.....

inclusive /should have .....Days' light duty with effect from .....Date .....20.....Time .....

Signature of Medical officer.....

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This sheet must be surrender to the register quickly as soon as treatment and recording is finalized

**TURN OVER**

**RECORD OF ATTENDANCE AND VISITS**

DATE	TIME	REMARKS	SIGNATURE OF MEDICAL OFFICER AND STAMP