APPENDIX K/I
(Made under Standing Order K.16)

THE UNITED REPUBLIC OF TANZANIA
STANDING ORDERS FOR THE PUBLIC SERVICE

TRASPORT FOR MEDICAL TREATMENT
(To be attached to Transport Allowance Claim)

1. I certify that I have advised Mr/Mrs/Miss …… of …….. (Organization) ……..…….. (Station) to attend …….. Hospital on or about ……. ……..(date)
2. The medical condition of this patient does/does not prevent him/her from using public transport service

OR

The medical condition of this patient necessitates/does not necessitate travel by car/air.

3. An Escort is/is not necessary

Station …….. ……
Date …….. Signature of Medical Officer

NOTE: This certificate is to support the issues of a claim for transport allowance when it is necessary for a public servant or member of his family to travel from his station to a Government Hospital.

APPENDIX K/I

(Made under Standing Order K.16)

THE UNITED REPUBLIC OF TANZANIA

STANDING ORDERS FOR THE PUBLIC SERVICE

SUBSISTENC ALLOWANCE FOR

JOURNEYS ON TREATMENT

(To be attached to the Claim)

I certify that it was necessary for Mr/Mrs/Miss ……..

Of (organization …… (Station) ……

to attend this Hospital from …….. to ……..(date)

…….. ……

Hospital Signature of Officer in Charge

Date ……..

NOTE: This certificate is to support a claim for Subsistence allowance in respect of a public servant who was required to leave his/her station to attend this Hospital

APPENDIX K/III
(Made under Standing Order K.11)

THE UNITED REPUBLIC OF TANZANIA
STANDING ORDERS FOR THE PUBLIC SERVICE

SICK SHEET FORM

(To be filled in by patient's Office/Division and filed when completed)

1.To: The medical Officer in charge of ……
hospital/Rural Health Centre/Clinic/Dispensary * Mr./Mrs./Miss …….
Designation ……..requires treatment. He/She is entitled to grade…. Treatment in terms of standing order K.2.

Date …….. Year ……
Time …….. Signature of Officer ……..
Station …….. Office/Division/Ministry ……..

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2. To: The Officer – in – Charge of ……..
Officer/Division/Ministry.
I certify that Mr/Mrs./Miss ……
is able/unable* to follow his/her occupation. He/She is admitted to Hospital / treated in Quarters/to attend for …….. treatment*
Date …… Year …….. Time …… ……
Signature of Medical Officer in charge …… Hospital/Rural health /Clinic /Centre/Dispensary.

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3. I certify that Mr./Mrs./Miss ……. has now sufficiently recovered to resume his/her occupation.
Date ……..Year…… Time ……

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Signature of Medical officer in Charge

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4. certify that Mr. /Mrs./Miss …… Is granted ……days excuse duty/ ……..days light duty
.....
signature of Medical Officer in Charge
Hospital/Rural Health Centre/Dispensary/Clinic

Delete whichever is inapplicable

RECORD OF ATTENDANCES AND VISITS

DATE	TIME	REMARKS	SSIGNATURE OF MEDICAL OFFICER OR VISITOR

INSTRUCTIONS

(a) The sick sheet is to be used in all departments by all Government employees.

(b) A supply will be kept in all departments. Officers in medical charge may also keep a supply of sick sheets for use in case of direst applications for treatment, in which case the sick sheet will be sent by the patient to the Head of Division in the Ministry/Independent. Department/Region/Local Government Authority for signature.

(c) The sick sheet form is valid for three months.

(d) The sick sheet will be signed by the medical officer in charge of the patient and, if so desired by anyone detailed for that purpose except when admitted to Hospital.