

TEACHERS SERVICE COMMISSION



SICK SHEET

To be completed by the head of institution in respect of a teacher

SECTION 1

To medical officer in charge of

Name

TSC No

Is sent here with for treatment

.....

Signature head of institution

Name Date

.....

Official Stamp

SECTION II

To the head of institution

Thereby certify that Is suffering

From And is able/unable to perform his/her

duties. Admitted to hospital /treated as an outpatient/to attend for

Treatment (delete where not applicable)

Admission /outpatient No.

Signature

Name

Designation

Official stamp Date

SECTION III

I hereby certify thathas now sufficiently recovered
To resume his/her duties

Number of days off duty

Signature Date

.....
Designation/officer in-charge

Official stamp of the health institution

INSTRUCTIONS

The sick sheet is to be used in all institutions by all teachers who may wish to get medical attention .

For each illness , a fresh sheet will be issued and be filled by the head of institution when completed .

The sick sheet will be signed twice each week by a medical officer in charge and by the head of institutions except when a teacher is admitted to hospital.

RECORD OF ATTENDANCE AND VISITS

Date	Remarks	Signature of medical officer

To be signed at least a week by officer in medical charge .