

SICK CERTIFICATE

KLINIK OASIS

(179048-K)

A-G-03, BLOK A, OASIS SQUARE
NO 2, JALAN PJU 1A/A, ARA DAMANSARA PJU
47301, PETALING JAYA, SELANGOR DARUL EHSAN
Tel: 03-77342424 FAX: 03-78324424
e-mail: parimaladeviramesh@yahoo.com

Date: **25/Sep/2019**

This is to certify that I have examined

Mr./Mrs./Miss **MUHAMMAD RIDZWAN BIN ABDUL HALIM**

IC No: **940823025875** Occupation :

From Department: _____ On **26/Sep/2019**

and found : (A) He / She is fit for regular duty
(B) He / She is fit for restricted duty

(Please Specify)

(C) He /She is unfit for proper performance of his / her duties
From **26/Sep/2019** to **27/Sep/2019** (**2**)days

(D) He / She should return for re-examination on

DR PARIMAYALA DEVI KARUNAKARAN
M.D (UKR)

PG Dip **KLINIK OASIS(UKR)**
Dip Family Medicine

Date

Note: Please use Form 141, Section 24A Medical Regulation 1974, Medical Act 1971 to be valid in Court

Cert Occupational Medicine

No.: **MC/7292**