

SICK CERTIFICATE

KLINIK OASIS

(179048-K)

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

Date: **30/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 **30/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 **30/Sep/2019** to **30/Sep/2019** (**1**)days

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

DR. 楊國輝 YUEN YUE, MD
PEGAWAJ PERUBATAN CRED UD 47
NO. PENDAFTARAN PENUH. 7076

KLINIK OASIS
KUSUHIAL KEMAMAN

Date

Note : Please Use Form 14, Section 24A Medical Regulation 1974, Medical Act 1971 to be valid in Court

No: **MC77382**