

**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: 15/Oct/2019

This is to certify that I have examined

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

IC No: **940823025875**

Occupation :

From Department:

On **15/Oct/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 **15/Oct/2019** to **15/Oct/2019** ( **1** ) days

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

**DR PARIMALA DEVI KARUNAKARAN**  
M.D (UKR)

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

Note : Please get him / her re-examination in the Section of Medical Regulation 1974, Medical Act 1971 to be valid in Court

No: **MC778161080**

Date

