

POLIKLINIK KUMAR

No.15A, Solok Sri Sarawak 36,
Taman Sri Andalas,
41200 Klang, Selangor D.E.
Tel: 03-3324 9194 Fax: 03-3324 9187

SICK CERTIFICATE 129509

I hereby certify that I have examined

Mr / Miss / Mrs Muhammad Yasini Smail
B. M. J Smail
880420655385
.....
(Address)

(a) He / She will be unfit for duty the proper performance of
his / her duties on/from..... 22 / 11 / 12to
..... (07) days.

(b) He / She may resume work immediately.

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

.....
(Delete a,b or c where applicable)

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22 / 11 / 12