

E/R

MEDICAL CERTIFICATE

Outpatient Inpatient

This is to certify that I have examined Mr / Mrs / Miss Aymie Ellyda Binti Azmi
NRIC No.: 941111-10-5070 MRN: 101599194 from
(Institute / Company) to whom may concern on 9/7/24 and found:

He / She is fit for restricted duty, _____ (please specify) on / from _____ to _____ for _____ (_____) day(s).
(in words)

He / She is unfit for the proper performance of his / her duty on / from 9/7/24 to _____ for 1 (One) day(s).
(in words)

He / She should return for review on _____

(Please tick check-box(s) as applicable)

Date : 9/7/24

Dr Hilwani Kaharuddin
(MMC Registration No.40872 NSR No. 129150
MBCh BAO (Dublin) M.Em. Med (UKM)
ER Physician & Unit Head
Emergency Department
Signature and Stamp of Medical Practitioner
Ara Damansara Medical Centre Sdn Bhd (876408-T)