

KLINIK DAN SURGERI REUBEN

18, Lebuh Pendamar Indah Satu,
Pandamaran, 42000 Pelabuhan Klang

SICK CERTIFICATE

This is to certify that

Mr./Mrs./Miss *Shubaimi Shahrin*
is ill, I recommend that he/she should be given sick leave
for *4.7.19* to *5* days
from *4.7.19* to *5*

NOTA:

This sick certificate
does not excuse
above named
attending court

Thire

DR. S. THILAKAVATHI MBBS
KLINIK DAN SURGERI REUBEN
MMC NO. 26744

13, LEBUH PENDAMAR INDAH SATU
PANDAMARAN, 42000 PORT KLANG
DR. S. THILAKAVATHI