



# KLINIK KELUARGA

**DR. SUHANA**

No. G-02, Jalan Prima Sg 1, Taman Prima Sri Gombak 68100 Batu Caves, Selangor  
Tel / Fax : 03 - 6184 1622

**No. 3358**

## MEDICAL CERTIFICATE

Time..... 4pm

Date..... 5/11/2021

I/C No. 860517236957

This is to certify that I have examined

Mr / Mrs / Miss..... AKMAL BIN AZHAR

from DEPARTMENT..... ID WHOM FI MAT CONCEPT..... on..... 5/4/2021..... and found

a) He/She is unfit for proper performance of his / her duties  
on/from..... 5/4/2021..... to..... ( 6w. days)

b) He/She should return for re-examination on.....

### Klinik Keluarga

Dr. Suhana  
No. G-02, Jalan Prima SG 1,  
Taman Prima Sri Gombak,  
68100 Batu Caves, Selangor.  
Tel/Fax : 03-6184 1622

**Klinik Keluarga**  
**Dr Sunana (M.O)**  
**MD (UKM) MMC 31670**  
Signature