

Siti Fatirah Binti Ramli
PT 1411, Jalan Pangkal Kalong,
Taman Sri Kalong,
Kok Lanas, Kelantan.

26 July 2024

Human Resources,
Galaxy Aerospace (M) Sdn Bhd,
No 10-14, MRO Centre, MIAC,
Sultan Abdul Aziz Shah Airport,
47200 Subang, Selangor.

Dear Mrs/Mr,

Subject : Request for Unpaid Leave Due to Health Conditions

I am writing to formally request one month unpaid leave from 2nd August 2024, to 2nd September 2024, due to ongoing health issues. Following a recent operation, I am experiencing significant post-operative effects that require extensive bed rest. Currently, I am unable to sit, walk, stand, or drive for extended periods.

Given these circumstances, I believe it is in my best interest and that of the company to take a short leave to focus on my recovery.

I apologize for any inconvenience this may cause and will ensure that all my responsibilities are adequately managed during my absence. I am happy to assist in making necessary arrangements for work coverage during this period.

Thank you for your understanding and consideration.

Sincerely,
Fatirah

(Siti Fatirah Binti Ramli)

Employee ID: 8526



HOSPITAL SHAH ALAM
PERSIARAN KAYANGAN
SEKSYEN 7, 40000 SHAH ALAM
SELANGOR DARUL EHSAN



Tel : 03-55263000 / 03-55263400
Faks : 03-55263202

To whom it may concern,

10th June 2024

Re: SITI FATIRAH BINTI RAMLI

IC: 920102-03-6736

Dear sir,

This is to certify that the above patient presented to our orthopaedic clinic with prolapsed intervertebral disc at lower lumbar region. We have evaluate her condition that the relapsed of the condition partly due to her nature of work. Patient is advised for Mri of Lumbar sacral and procedure of radio frequency ablation of the Lumbar Sacral for her treatment.

IMP: Lumbar PID

Kindly please do the needful.

Thank you.

faizal

.....

Mr Faizal Nazli Osman

Orthopedic surgeon

Hospital Shah Alam

Date of Admission : 24 06 2024	Name : SITI FATIRAH BINTI RAMLI	WARD: W2/210
Date of Discharge : 26 06 2024	MRN : 179550 - 100034985	
Time of Discharge : 1130 Hour	IC: 920102-03-6736	S/A: F/32Y 05M 220
Bed No : 210	Date: 24/06/2024	C/P: DR MOHD HAFIZI BIN MOHD YUSOF
	D.O.E	
	CONSULTANT	

Reason for Admission

Significant physical findings

Diagnosis/es on Admission

Investigations

Operations / Procedures and Findings

Inpatient Medications

Inpatient's Progress

Patient's status on discharge

Back pain

tender.

mp1 / unharmed.

RF, s forad injection,
 central epidural lumbar spine

Diagnosis/es on Discharge	ICD 10 Code
1	P20 Lumbar spine L4/L5, L5/S1
2	
3	

Maternity Leave From : _____

Medical Leave From : 24 06 2024 to 17 07 2024 @ 1000P

Date of follow up : _____ @ _____ Hrs.

Plan on follow up : Follow up at Hospital Shah Alam.

DR. MOHD HAFIZI BIN MOHD YUSOF
 MD (MOSCOW), DR. ORTH & TH (UKM), CMIA
 CONSULTANT ORTHOPEDIC & TRAUMATOLOGY
 KMI KELANA JAYA MEDICAL CENTRE
 MMC-123
 Doctor's Signature
 NSR: 137898

ADMISSION AND DISCHARGE LETTER

PATIENT'S NAME : SITI FATIRAH BINTI RAMLI
I/C NO : MRN: 179550 - 100034985
MRN : IC: 920102-03-6736
Date: 24/06/2024 S/A: F/32Y 05M 22D
C/P: DR MOHD HAFIZI BIN MOHD YUSOF
ADDR: 411, BLOK 7, APARTMENT DAISY
JLN DINAR U3/1, SUBANG PERDANA
40150 SHAH ALAM
SELANGOR
CONTACT: 0173031735 SELF



This is to certify and inform you that the above named patient has been admitted to our hospital because of P/O (unhappy spine)

Date of Admission : 24/6/2024
Date of Discharge : 26/6/2024

Thank you.

DR. MOHD HAFIZI BIN MOHD YUSOF
MD (MOSCOW), DR. ORTH & TH (UKM) & JIA
CONSULTANT ORTHOPAEDIC & TRAUMATOLOGIST
KMI KELANA JAYA MEDICAL CENTRE
MMC: 49377
NSR: 137898

Yours faithfully,
KELANA JAYA MEDICAL CENTRE

MEDICAL LEAVE CERTIFICATE

No. **117053**

NRIC/PP.No. : 920102 - 03 - 6736 Date : 26/6/24

Name : SITI FATIRAH BINTI RAMLI MRN : 179550

from (institution/company) : TO WHOM IT MAY CONCERN

This is to certify that the above named is not fit to
attend (institution/company) for 22 day(s) from

24/6/2024 to 17/7/2024

Type of Leave Out-patient Leave
 Hospitalization Leave

DR. MOHD HAFIZ BIN MOHD YUSOF
MD (MOSCOW), DR. ORTH & TH (UKM), CMIA
CONSULTANT ORTHOPAEDIC & TRAUMATOLOGY
KMI KELANA JAYA MEDICAL CENTRE

MMC-49377
.....
Doctor's Signature and Chop

SIJIL CUTI SAKIT

SA00216095

Dengan ini saya mengesahkan bahawa saya telah
memeriksa Encik/Cik/Puan PITI FATIRAH BINTI
RAMLI (C920102036736)

dari Kementerian/Jabatan YANG BERKUALIFIKASI

dan mendapati yang beliau:

(a) Tidak sihat untuk menjalankan tugasnya
dengan sempurna selama LIMA BELAS (15) hari
daripada 18/7/24 hingga 1/8/2024

(b) Boleh bertugas semula pada.....

(c) Beliau dikehendaki datang semula untuk
pemeriksaan pada

[Potong (b) atau (c) mengikut mana yang tidak
berkenaan]

17/7/24
.....
Tarikh

DR. YASHINY MANICKAM
~~REGAWAI PERUBATAN~~
~~NO. MMC 10645~~
HOSPITAL SHAH ALAM
(Tandatangan)
Pegawai Perubatan

KLINIK PAKAR ORTOPEDIK
Jabatan Ortopedik
Hospital Shah Alam.....
Klinik/Hospital
(Cop Rasmi)

.....
Nama
(Huruf Besar)



HOSPITAL SHAH ALAM
 PERJARAN KAYANGAN, SEKSYEN 7
 40000 SHAH ALAM, SELANGOR

TELEFON : 03-64263000/3200

FAX :

JABATAN ORTHOPEDIK

SLIP KERJA RINGAN

LIGHT DUTY

NAMA: SITI FATRAH BINTI RAMU UMUR: 32
 NO KP: 920102036936 TARIKH: 17.7.24 MASA: 9.50am.

Dengan ini disahkan pesakit seperti nama di atas telah hadir di jabatan orthopedik untuk mendapatkan rawatan pada 17.7.24 Pukul 9.50am dan diberi **KERJA RINGAN (LIGHT DUTY) SELAMA 2 minggu** bermula dari 17.7.24 hingga 14.8.24.

Komen:

DR. YASHINY MANICKAM
 PEGAWAI PERUBATAN UD4
 NO MMC 106259
 HOSPITAL SHAH ALAM

.....
 Nama pegawai perubatan
 Hospital Shah Alam, Selangor