

SICK CERTIFICATE



QUALITAS

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KLINIK ARAA

7-1-2 Jalan Setia Prima R U13/R, Setia Alam Seksyen U13,
40170 Shah Alam, Selangor.

Tel/Fax : 03-3343 9857

Δ SINUSITIS, VERTIGO

No : **3204**

Date : 15-10-2021

This is to certify that I have examined

Mr. / Mrs. / Miss **NURHAJIRA BINTI ZULKIPLI**

I.C. No **850507145470**

(A) He/She is fit for regular duty

(B) He/She is fit for restricted duty

On/From to

for (.....)

(In Words)

(C) He/She is unfit for proper performance of his/her duties

From **15-10-2021** to **15-10-2021** (**ONE (1)**)

KLINIK ARAA (In Words)

A QUALITAS CLINIC

No. 7-1-2, Jalan Setia Prima R U13/R;

Setia Alam, Seksyen U13,

40170 Shah Alam, Selangor Darul Ehsan.

Tel/ Fax : +03-3343 9857

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

* Not valid in Court of Law

15-10-2021

Date

DR. K. S. DEWAN

MMC NO: 26892

Signature of Medical Officer