

SICK CERTIFICATE

KLINIK OASIS

(179048-K)

A-G-03, BLOK A, OASIS SQUARE
NO 2, JALAN P.JU 1A/A, ARA DAMANSARA P.JU
47301, PETALING JAYA, SELANGOR DARUL EHSAN
Tel: 03-77342424 FAX: 03-78324424
e-mail: parimatadeviramesh@yahoo.com

Date: 04/Jul/2019

This is to certify that I have examined

Mr./Mrs./Miss **MUHAMMAD RIDZWAN BIN ABDUL HALIM**

IC No: **940823025875** Occupation: _____

From Department: _____ On **04/Jul/2019**

and found : (A) He / She is fit for regular duty
(B) He / She is fit for restricted duty

(Please Specify)

(C) He /She is unfit for proper performance of his / her duties
From **04/Jul/2019** to **04/Jul/2019** (**0.5**)days

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

DR **PARIMATA DEVI KARUNAKARAN**
M.D (UK) **KLINIK OASIS**
PG Dip Ophthalmology (UKR)
Date _____

Note: Please Use for Office, Section 24A Medical Regulation 1974, Medical Act 1971 to be valid in Court
Dip Aesthetic Medicine (USA)
No: **MC74958** Personal Medicine
M/MC No: **41090**