

SICK CERTIFICATE

KLINIK OASIS

(179048-K)

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

Date: 12/Nov/2019

This is to certify that I have examined

Mr./Mrs./Miss NIK SUHAILY KHALEEDA BINTI SUHAIDI

IC No: 940822035924 Occupation : _____

From Department: _____ On 12/Nov/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 12/Nov/2019 to 12/Nov/2019 (1)days

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


DR. MOUSHINI JAYABALAN
KLINIK OASIS
No. 2, Jalan Pju 1A/A, Ara Damansara Pju 1A,
Petaling Jaya, Selangor Darul Ehsan
MBC 70822

KLINIK OASIS

A-G-03, Blok A, Oasis Square, No 2,
PJU 1A/7A, Ara Damansara PJU 1A,
47301, Petaling Jaya, Selangor Darul Ehsan
Tel: 03-7734 2424 Fax: 03-7832 4424

Note : Please Use Form 14, Section 24A Medical Regulation 1974, Medical Act 1971 to be valid in court

No: **MC78570**