



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. 1347

MEDICAL CERTIFICATE

This is to certify that I have examined

Mr / Mrs / Miss **AKMAL BIN AZHAR** I / C No. **860514236954**
from DEPARTMENT **YANG BERKENAAN** on **3.9.2019** and found

Time **10.38am.**

Date **3.9.2019.**

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

on/from **3.9.2019** to **(one) days**

b) He/She should return for re-examination

Klinik Keluarga

Dr Suhana (M.O)

MD (UKM) MMC 31670

Klinik Keluarga

Dr Suhana

No. G-02, Jalan Prima SG 1,

Taman Prima Sri Gombak,

68100 Batu Caves, Selangor.

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Signature