



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. 1690

MEDICAL CERTIFICATE

This is to certify that I have examined

Mr / Mrs / Miss **AKMAL BIN PAMIR**

I / C No **86051236957**

from DEPARTMENT **TO WHOM I AM CONCERN** on **29 | 7 | 2021** and found

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

on/from **29 | 7 | 2021** to **_____** (**ONE** ⁽¹⁾ days)

b) He/She should return for **KLINIK KELUARGA**

Klinik Keluarga

Dr Suhana (M.O)

MD (UKM) MAMC 31670

Dr Suhana
No. G-02, Jalan Prima SG 1,
Taman Prima Sri Gombak,
68100 Batu Caves, Selangor.
Tel/Fax : 03-6184 1622

Signature