KLINIK FAMILI SOFIA NO 11, JALAN U19/A TAMAN SRI BULOH, KAMPUNG PAYA JARAS, SG BULOH, SHAH ALAM, 47000 SELANGOR TEL: 0361431831

MEDICAL CERTIFICATE

		remark			County Sali	No Dat	
This is to	certify that i have						
Mr./Mrs./Miss: NAWW/		IAWWAR KHAL	AR KHALIDAH BINTI MOHAMAD JAFAR			IC No.	981230-43-5140
from (company concerned						
He/She is unfit to resume duty from		rom	05/09/2024	to	05/09/20	24	
or	One	d	ays				
***************************************	(in Words)						
Reason	Food poisoning DEHYRATION			DR. I	RAVIZATION	NA AME	BOTANG
Not valid in	Court of Law				NU. H, JA	A 197	4A,
				TAM	(RAVITA HELLI 47000 SUN	Y	OTANG)S
					TEL: 03-		