

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: **07/Sep/2020**

This is to certify that I have examined

Mr./Mrs./Miss **MUHAMMAD SYAFIQ BIN SUHAIMI**

IC No: **951026017083**

Occupation : _____

From Department: _____

On **07/Sep/2020**

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 **07/Sep/2020** to **08/Sep/2020** (**2**)days

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

DR PARIMALA DEVI KARUNAKARAN

KLINIK OASIS

PG Dip Ophthalmology (UKR)

Dip Aesthetic Medicine (USA)

Occupational Medicine

MVIC No: 41090

Date

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

No: **MC84150**