KLINIK MEDIVIRON

PG 19 GROUND FLOOR, BLOK P, JALAN PLUMBUM U7/U PUSAT KOMERSIAL SEKSYEN 7, 40000 SHAH ALAM, SELANGOR D.E. TEL: 03-5524 5213 TEL/FAX: 03-5510 0213 © 010-268 8074

MEDICAL CERTIFICATE

Date: 13-Dec-2023 RN 4922 VN 7932 Serial No: 23/4670

I hereby certify that I have examined: MOHAMAD FIRDAUS BIN MOHAMAD GHAZALI ID: 960628146207

and find that

A. He/She will be unfit for the proper performance of his/her duties

for 1 day(s) from 13-Dec-2023 to 13-Dec-2023

B. He/She is advised for re-examination on N/A to N/A

Remarks: OTOMYCOSIS WITH GIDDINESS

DR SWARNAMUS: SELVARAJOO

MMC - 53832
KLINIK MEDIVIRON
SEKSYTN , SHAH ALAM
(Diuruskandueh: Teguh Prima Healthcare Sdn. Bhd.
PG 19, 3X P, Jalan Plumbum U7/U isat Kornersial, Seksyen 7 0000 Shan Alam, Selangor

Fax: 03-5510 0213 03-55245213

(Signature)

POLIKLINIK & SURGERI TELUK PULAI 19, JALAN TELUK PULAI, 41100 KLANG, SELANGOR. TEL: 03 - 3381 7334

MEDI	CAL	CED	TICI	CAT	-
MEDI	UML	CER		CA	E

Dengan ini diperakui bahawa

This is to certify that ADAM BIN AYOB

MC60020

tidak berupaya melakukan

kerja biasa selama

hari

(dari

hingga

720209055367

will be unfit on duty for

day(s)

(From

13/Dec/2023

To 13/Dec/2023

akan menjalankan peperiksaan pada

He / She is to be re-examined of

akan bermula kerja pada He / She is able to resume duties from

Aduan / Complaints

Diagnosis

URTI

Majikan / Employer

Butiran Tambahan / Remak

AN SURGERI

Tarikh/Date

13/Dec/2023

HOUSEWIFE (MOTHER) SUSPECTED THYROID, ASTHMA, FEVER

