

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: 28/Feb/2020

This is to certify that I have examined

Mr./Mrs./Miss NIK SUHAILY KHALEEDA BINTI SUHAIDI

IC No: 940822035924 Occupation : _____

From Department: _____ On 28/Feb/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 28/Feb/2020 to 28/Feb/2020 (1)days

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

DR. PARIMALA DEVI KARUNAKARAN
MD
PG Dip. Ophthalmology (UKR)
Dip. Family Medicine
Dip. Aesthetic Medicine (USA)
Cert. Occupational Medicine
KLINIK OASIS
MMC No: 41090

Date

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

No: MC81531