

SICK CERTIFICATE

KLINIK NIK ISAHAK

NO. 7 JALAN SINGA 20/H SEKSYEN 20 40300 SHAH ALAM

Tel No : 03 - 55453345

No. : 87321

Date : 21/07/2022

This is to certify that I have examined

Mr./Mrs./Miss : OMAR BIN AHMAD

IC No. 680407016365

from _____

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

from 21/07/2022 to 21/07/2022

for (One) days

(in Words)

pharyngitis & an-pi

Signature of Medical Officer :

KLINIK NIK ISAHAK

No Pendaftaran : 231005-07503-11

No. 7 JALAN SINGA 20/H

40300 SHAH ALAM

TEL : 03-55413080 / 03-55453345

DR ABDUL GHALIB SULAIMAN 25818