



**KLINIK KITA (POLIKLINIK & SURGERI)**

# **KLINIK KITA SDN BHD**

## **MEDICAL CERTIFICATE**

Date : 24/08/2022

MC No. : 18988

I hereby certify that I have examine Mr./Mrs./Miss : **MOHD NOR AZLIZAN BIN NORDIN**

IC/BCN/PP No. **811125035565** from

and find that he/she will be unfit for the proper performances of his/her duties for

**1 ( One )** day/days from **24/08/2022** until **24/08/2022**

Diagnosis/Medical Problems : **BACK SPRAIN**

**DR. ABDULLAH ABD RAHIM**  
MD (USM)  
MMC NO : 29323

**KLINIK KITA S/B (496512-D)**  
**CAW: BDR TUN HUSSIN ONN**  
No. 20A, Jalan Suasara 8/5  
Bandar Tun Hussin Onn  
43200 Cheras, Selangor  
**DR. ABDULLAH ABDUL RAHIM**