POLIKLINIK RAFFLESIA

NO 49, JALAN NOVA U5/N,
SUBANG BESTARI,
40150 SHAH ALAM, SELANGOR.
TEL / FAX : 03-7831 1818

MEDICAL CERTIFICATE

MC3747

Dengan ini diperakui bahawa
This is to certify **IBRAHIM HAZLY BIN MOHAMAD YUSOF** **850701015717**

tidak berupaya melakukan kerja biasa selama ____ *hari (dari* ____ *hingga* ____ *)*
will be unfit on duty for **1** *day(s) (From* **10/Jun/2020** *To* **10/Jun/2020** *)*

akan menjalankan peperiksaan akan bermula kerja pada
He / She is able to resume duties from ____ *He / She is to be re-examined on* ____

Aduan / Complaints ____
Diagnosis **NAUSEA AND VOMITING;**
Majikan / Employer ____
Butiran Tambahan / Remarks ____

THIS MEDICAL CERTIFICATE CANNOT BE USED FOR POLICE/COURT CASE OR PRESENTED TO POLICE/COURT

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Tarikh/Date **10/Jun/2020**

DR MOHD FARHAN BIN HAMDAN (MMC: 44608)