POLIKLINIK RAFFLESIA

# POLIKLINIK RAFFLESIA

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

## MEDICAL CERTIFICATE

MC4540

*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* **24/Sep/2020** *To* **24/Sep/2020** *)*

*akan menjalankan peperiksaan*
*He / She is able to resume duties from* ____

*akan bermula kerja pada*
*He / She is to be re-examined on* ____

*Aduan / Complaints* ____
*Diagnosis* **Acute Migraine**
*Majikan / Employer* ____
*Butiran Tambahan / Remarks* ____

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NO 49, JALAN NOVA U5/N
SUBANG BESTARI
40150 SHAH ALAM
SELANGOR
TEL NO: 03-78311818

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

DR. MOHAMAD NAZREEN HISHAM BIN NAIN
PEGAWAI PERUBATAN UDM
MMC : 71053

*Tarikh/Date* **24/Sep/2020**

**DR MOHAMAD NAZREEN HISHAM BIN NAIN (MMC:71053)**