

KLINIK DR FAUZIAH

No. 15, Jalan 2A/1, Off Jalan Ulu Yam, Bandar Baru Selayang Fasa 2A, 68100 Batu Caves.
Tel / Fax: 6189 0753

No : 113478

MEDICAL CERTIFICATE / SIJIL CUTI SAKIT

Dengan ini saya mengesahkan yang saya telah memeriksa
I hereby certify that I have examined

Encik / Cik
Mr / Miss

KUMARAJAN A/L K. THEIVENDIRAN

dan mendapati
and find that

- a) Beliau tidak sihat untuk melaksanakan tugas-tugasnya selama (2) hari mulai dari 4/8/2020 hingga 5/8/2020
He / She will be unfit for proper performance of his / her duties for days from to
- b) Beliau harus hadir untuk diperiksa semula pada
He / She should present himself / herself for re-examination on

c) Catatan
Remark

DR FAUZIAH MOHD AMEEN
MBBS (MALAYA), OHD (NIOSH)
MAFP (MAL), FRACGP (AUSTRALIA)
Graduate Dip. in FP Derm. (Singapore)
FAMILY PHYSICIAN & OCCUPATIONAL HEALTH DOCTOR
KLINIK DR FAUZIAH Date 5/8/2020
MMC FULL REGISTRATION NO: 33277