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MEDICAL CERTIFICATE

Doc No: **MC_KAB_00000429**

"KLINIK SITI ALAM BUDIMAN"

This is to certify

Name: **Muhammad Najmuddin Bin Roshenry**

IC Number / Passport: **001004040443**


KLINIK SITI ALAM BUDIMAN
 KLINIK SITI ALAM BUDIMAN
 NO 6 (GROUND FLOOR), JALAN PULAU
 LUMUT P U10/P, ALAM BUDIMAN,
 SEKSYEN U10, 40170 SHAH ALAM,
 SELANGOR.
 NO TEL 019-917 3183

Will be unfit to be on duty for 1 day(s), starting from 22/11/2023 to 22/11/2023.
 He / She is to be re-examined on __, He / She is able to resume duties on __.

Diagnosis: ACUTE GASTROENTERITIS

Date: 21/11/2023

Doctor:


DR FAIDA YOUSUF SHAIKH
 MMC: 67245
 CHIEF RESIDENT
 (SITI HEALTHCARE SDN BHD)

