KLINIK KELUARGA

DR. SUHANA

No. G-02, Jalan Prima Sg 1, Taman Prima Sri Gombak 68100 Batu Caves, Selangor.
Tel / Fax : 03 - 6184 1622

No. 0036

MEDICAL CERTIFICATE

Time 1.00 PM

Date 5/10/2021

This is to certify that I have examined

Mr / Mrs / Miss AKMAL BIN AZHAR *I/C No.* 860517236957

from DEPARTMENT TO WHOM IT MAY CONCERN *on* 5/10/2021 *and found*

a) He/She is unfit for proper performance of his / her duties

on/from 5/10/2021 *to* ——— *(* ONE (1) *days)*

b) He/She should return for re-examination on ———

Klinik Keluarga
Dr Suhana
No. G-02, Jalan Prima SG 1,
Taman Prima Sri Gombak,
68100 Batu Caves, Selangor.
Tel/Fax : 03-6184 1622

Klinik Keluarga
Dr Suhana (M.O)
MD (UKM) MMC 31670

Signature