

POLIKLINIK KUMPULAN CITY

No. 16, Jalan 2/12, Dataran Templar, Bandar Baru Selayang,
68100 Batu Caves, Selangor. Tel: 03-6136 9287

SICK CERTIFICATE No. **75966**

I hereby certify that I have examined

MR / MRS / MISS Deanna Izaty Ahmad Sharife
of _____ Department

and find that

(a) HE / SHE will be unfit for the proper performance
of His / Her duties for One (1) days.
from 15/4/21 to _____

(b) HE / SHE may resume duty on _____

(c) HE / SHE should be put on light duty for _____

NOTE : Not for abstaining from court proceedings

Date : 15/4/2021

POLIKLINIK KUMPULAN CITY
No 16, Jalan 2/12, Dataran Templar
Bandar Baru Selayang
68100 Batu Caves, Selangor
Tel. 03-61369287