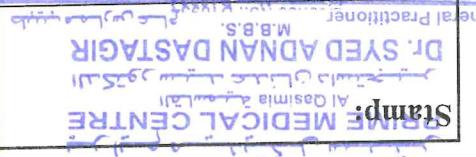




## PRIME MEDICAL CENTRE AL QASIMA LLC

Signature:	
	

Doctor's Name : DR.SYED ADNAN DATAGIR

Note:	* Certificate is issued at patient's request.
* Certificate is valid only if it is signed and stamped by the concerned doctor/hospital.	
* Certificate is invalid if any corrections are made.	

## Remarks :

Code	Name	
R05	Cough	Vitamin D deficiency, unspecified
J03.90	Acute tonsillitis, unspecified	Vitamin B12 deficiency anaemia, unspecified
E55.9	Cough	Congenital spur, unspecified foot
D51.9		M77.30

## Diagnosis:

The Patient is unfit to work till 24/10/2025  
 This is to certify that the above patient visited PRIME MEDICAL CENTRE LLC on 24/10/2025  
 The approved sick leave is from 24/10/2025 upto 24/10/2025

## Sick Leave Details:

Prmit Date	: 24/10/2025 06:10:58 PM	Certificate No.	: SJ/GP/SAD/11891/SL	Facility Name	: PRIME MEDICAL CENTRE LLC
Facility Unique Id	: MOH-F-1000256	Patient Name	: MR.MOHD IQBAL,ANSARI MOHD MAROOF ANSARI,	Passport/UAE ID	: B7790189 / 784-1992-3163697-0
Facility Unique Id	: MOH-F-1000256	Patient Name	: MR.MOHD IQBAL,ANSARI MOHD MAROOF ANSARI,	Sex	: Male
Facility Unique Id	: MOH-F-1000256	Patient Name	: MR.MOHD IQBAL,ANSARI MOHD MAROOF ANSARI,	Sex	: Male
Facility Unique Id	: MOH-F-1000256	Patient Name	: MR.MOHD IQBAL,ANSARI MOHD MAROOF ANSARI,	Passport/UAE ID	: B7790189 / 784-1992-3163697-0