

## Sick Leave Certificate

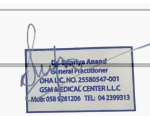
### شهادة إجازة مرضية

Date: 11-04-2023 تاريخ:

Patient Information		
Patient Name	Jason Fernando Salvador	اسم المريض
Patient File No.	13067	رقم ملف المريض
Visit Type	Outpatient	نوع الزيارة
Date of Admission	N/A	تاريخ الدخول
Date of Discharge	N/A	تاريخ الخروج
Patient Passport No/Emirates ID	N/A / 784-1990-2926087-6	رقم بطاقة الهوية / رقم جواز السفر
Employer	Private	جهة العمل
Employer Name	Amara Healthcare	إسم جهة العمل

Sick Leave Information		
Diagnosis - ICD Code	Acute upper respiratory infection (J06.9) (J06.9), Increased body temperature (R50.9) (R50.9)	اسم ورقم التشخيص
Sick Leave From, To	11-04-2023, 11-04-2023	الإجازة المرضية من , إلى
Sick Leave Period	1	مدة الإجازة المرضية
Physician Remarks	Leave is valid from 10/04/2023 to 11/04/2023	ملاحظات الطبيب

Physician Information		
Physician Name	Supriya Anand	اسم الطبيب
Physician Title	General Practitioner-General Practice	تخصص الطبيب
Facility Name	Gsm Medical Center LLC	اسم المنشأة

Physician Signature		توقيع الطبيب
Physician Stamp		ختم الطبيب

#### Remarks:

- This certificate is electronically issued and does not require a DHA stamp or attending DHA for manual attestation.
- For the purpose of verification of this certificate, please visit DHA Website: <https://services.dha.gov.ae/sheryan/wps/portal/home/services-professional/online-verification> and enter the Security code & Certificate No. mentioned below.

ملاحظات:  
- يتم إصدار هذه الشهادة إلكترونياً ولا تتطلب ختم الهيئة أو الحضور لتصديقها  
- لغرض التحقق من هذه الشهادة، يرجى زيارة موقع هيئة الصحة بدبي: <https://services.dha.gov.ae/sheryan/wps/portal/home/services-professional/online-verification> وإدخال رمز و رقم الشهادة المذكورين أدناه.

CP\_9.3 F-06

PIN: 9852



1681212727653

**GSM Medical Center**  
**Muaded Almazrouei Bdlg -**  
**1st floor - Al Satwa Rd - near**  
**Satwa Roundabout - Al Satwa**  
**- Dubai**  
**Tel: 04-8831002,04-8831003**  
**Fax: 048831004**



## **PRESCRIPTION**

<b>Patient Name</b>	:	<b>Jason Salvador</b>	<b>AGE</b>	:	<b>33 YEARS</b>
<b>Address</b>	:	Discovery Gardens, Dubai	<b>Mobile</b>	:	+971 54 548 4111
<b>Medical Record #</b>	:				
<b>Principal Diagnosis</b>	:	ACUTE UPPER RESPIRATORY INFECTION (J06.9)			
<b>Secondary Diagnosis</b>	:	FEVER (R50.9)			
<b>Additional Remarks</b>	:				

GENERIC/DOSE/FORM	STRENGTH	INSTRUCTIONS	QUANTITY	ROUTE OF ADMIN
ARTIZ/TABLET	10MG	1 TABLET, 1 TIME/DAY FOR 5 DAYS, BEFORE BEDTIME	5	PO
ADOL/CAPLETS	500MG	2 CAPLETS, 2 TIMES/DAY FOR 5 DAYS	20	PO
MUCUM/SYRUP	15MG/5ML	10ML, 3 TIMES/DAY FOR 5 DAYS	2	PO

**Doctor Name**  
 Dr. Supriya Anand

**License Number**  
 25580547-001

**Date**  
 10-APRIL-2023

**Signature & Stamp**

*Supriya Anand*  
 Dr. Supriya Anand  
 General Practitioner  
 DHA LIC. NO. 25580547-001  
 GSM MEDICAL CENTER LLC  
 Mob: 058 9261206 TEL: 04 2399913

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Fax: 048831004



Date : 10-APRIL-2023

**SICK LEAVE CERTIFICATE**

Name: **JASON SALVADOR**

Age: **33 Years**

Telephone: **+971 54 548 4111**

Insurance: **Cash**

This is to certify that **JASON SALVADOR** is suffering from **ACUTE UPPER RESPIRATORY INFECTION WITH FEVER**. He has been getting treatment since **10-APRIL-2023**. He is not fit to work, advised to take rest for **02 DAYS** with effect from **10-APRIL-2023**.

Sincerely Yours,

**Dr. Supriya Anand**

