

REG NO:.....

**SIVA ORTHOPAEDIC SPECIALIST CLINIC**  
**HOSPITAL FATIMAH**  
**MEDICAL CERTIFICATE**

No. **18032**

I certify that I have examined.....

.....  
870916-38-5115 and found him / her  
suffering from.....  
supraspinatus tendon tear (R) shoulder

and he / she is medically:

\*unfit for work/school from..... to.....  
28/10/17 3/11/17

\*fit for light/~~normal~~ duties from..... to.....  
4/11/17 14/11/17

.....  
DATE

\*DELETE WHICH IS NOT APPLICABLE  
Not Valid in Court.

Dato' (Dr) K. S. SIVANANTHAN D.P.M.P.  
(Orthopaedic Surgeon)  
FRCS(Edin)  
**DOCTOR'S SIGNATURE**  
Consultant-Trauma & Orthopaedic Surgery  
HOSPITAL FATIMAH, IPOH