

15.

Para. 89(2), (3)

**Specimen Government Medical Certificate**

ORIGINAL MEDICAL CERTIFICATE														
		Serial No.												
Name	NRIC No.													
<p>*This is to certify that the abovenamed is unfit for duty for a period of ..... days from ..... to ..... inclusive.</p> <p>Type of medical leave granted -</p> <table border="0"> <tr> <td>Hospitalisation Leave</td> <td>Outpatient Sick Leave</td> </tr> <tr> <td>Admitted on .....</td> <td></td> </tr> <tr> <td>Discharged on .....</td> <td>Maternity Leave</td> </tr> <tr> <td></td> <td>Delivered on .....</td> </tr> <tr> <td></td> <td>Sterilisation Leave</td> </tr> <tr> <td></td> <td>Operated on .....</td> </tr> </table> <p>This Certificate is *valid/not valid for absence from Court attendance. No medical leave is necessary</p>			Hospitalisation Leave	Outpatient Sick Leave	Admitted on .....		Discharged on .....	Maternity Leave		Delivered on .....		Sterilisation Leave		Operated on .....
Hospitalisation Leave	Outpatient Sick Leave													
Admitted on .....														
Discharged on .....	Maternity Leave													
	Delivered on .....													
	Sterilisation Leave													
	Operated on .....													
Diagnosis	Surgical Operation (if applicable)													
<p>* Fit for normal/light duty from ..... to .....</p> <p>* The abovenamed patient attended my clinic at ..... am/pm and left at ..... am/pm.</p>														
Hospital/Clinic	Ward No.	Signature, Name (In BLOCK LETTERS) and Designation												
	Date													
MD 965 <span style="float: right;">* Delete as necessary</span>														