

BADR AL SAMAA HOSPITAL NIZWA LLC

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Sultanate of Oman

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Sick Leave Certificate

Date Of Issue: 23/05/2021

REF No: 0404378

Name of the Patient	Designation/Place of Work	File No.	Resident Card	DOB
PARANIVEL KANNAPPAN	NATIONAL LIFE INSURANCE	3023445		30/01/1972

This is to certify that the above mentioned person was examined/treated by me and found to suffer from **J20.9 Acute bronchitis, unspecified,N30.9 Cystitis, unspecified,N30.01 Acute cystitis with hematuria** as an Out Patient on **23/05/2021**

He/She is authorized sick leave from **24/05/2021** to **27/05/2021** for **4** days.

Remarks :

To be countersigned by Consultant if sick leave exceeds THREE days.

This certificate is not valid without doctor's signature and stamp of Clinic/Polyclinic/Hospital

Patient Signature



Doctor's Signature with seal

DR. DAMODAR M PRABHU
MBBS, MD INTERNAL
MEDICINE
MOH # 9748

DR. DAMODAR M PRABHU

INTERNAL MEDICINE

Office seal

Countersigned by Directorate of Private Health Establishment, Affairs