



Sick Leave Certificate

REF No: 0416666

Date Of Issue: 20/11/2021

Name of the Patient	Designation/Place of Work	File No.	Resident Card	DOB
MUNA HAMED AL WAILI	UTAS NIZWA	117400	14568689	23/06/1985

This is To certify that the above mentioned person was examined/treated by me and found to suffer from acute gastroenteritis as an Out Patient on 20/11/2021

He/She is authorized sick leave from 21/11/2021 to 22/11/2021 for 2 days.

Remarks :

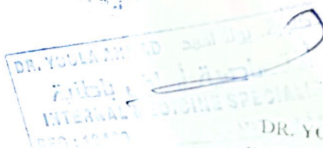
To be countersigned by Consultant if sick leave exceeds THREE days.

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

Patient Signature



Doctor's Signature with seal



DR. YOLA AHMAD
INTERNAL MEDICINE
Office seal

سلطنة عمان وزارة الصحة
المديرية العامة للخدمات الصحية لمحافظة الداخلية
مستشفى آدم

تعتمد هذه الإجازة المرضية
من ٢٠/١١/٢٠٢١
٢٠/١١/٢٠٢١

Countersigned by Directorate of Private Health Establishment, Affairs

MEDICAL OFFICER
INCHARGE

٢٠/١١/٢٠٢١
٢٠/١١/٢٠٢١