

Sick Leave Certificate

Date Of Issue: 29/03/2021

REF No: 0356720

Name of the Patient	Designation/Place of Work	File No.	Resident Card	DOB
MARYAM ABDULLAH SAID AL HINAI		29778	11656438	22/09/1989

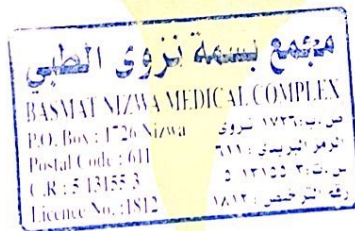
This is To certify that the above mentioned person was examined/treated by me and found to suffer from **ACUTE COMMON COLD** as an Out Patient on **29/03/2021**

He/She is authorized sick leave from **29/03/2021** to **29/03/2021** for **1** 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



Doctor's Signature with seal

DR. HIBA AYYOB
GENERAL PRACTITIONER
Office seal

Countersigned by Directorate of Private Health Establishment, Affairs