

SickLeave History

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*Sick Leave From Date,To Date are Mandatory
*Always choose Date From Calender

Sick Leave Certificate

No previous sick leave

Name of the Patient	Designation/Place of Work	File No.	ResidentCardNo	DOB
ABDUL BASITH MOHAMMAD	CASH PATIENTS ^ v	3035599	84135116	--

This is To certify that the above mentioned person was examined/treated by me and found to suffer from K29.70 Gastritis, unspecified, without bleeding,M47.22 Other spondylosi as an Out Patient on 06/07/2021 at _____

And an in patient from 07/07/2021 to _____.

He/She is authorized sick leave from 07/07/2021 to 07/07/2021 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

Patient Signature

Doctor's Signature with seal

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Countersigned by Directorate of Private Health Establishment,Affairs

Dr. DAMODAR M. MARABHU
MBBS, MD (INTERNAL
MEDICINE)
MOH # 9748

