



Leave Certificate

Date : 13-APR-22
Name of Patient : Maimona Mohammed Fadhel Alharasi
Age : 35 Year(s) Sex : Female
Patient Id. : 48805
Department : PHYSIOTHERAPY
Unit : Physiotherapy Unit

This is to Certify that MAIMONA MOHAMMED FADHEL ALHARASI(#48805 - STAFF - Ministry (Others)) was examined / treated by me/my department and found to suffer from low back pain She attended the clinic as an Out Patient on 13/04/2022.

She is authorised to get the sick leave on 13/04/2022.

HOSPITAL STAMP



Signature and Rubber Stamp of Doctor

Mohd. Ahmed Said Al-Yahyai

* This certificate is not valid without the HOSPITAL STAMP.

To be countersigned by medical office in-charge or his deputy or the concerned consultant, if leave exceeds 3 days.

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