

**YAS HOSPITAL**

P.O Box: 40/512 Ard Al Jaw,  
Al Buraimi,  
Phone: (00968)25655388  
Fax: (00968)25655389

**Sick Leave Certificate**

Date Of Issue: 17/01/2023

REF No:

Name of the Patient	Designation/Place of Work	File No.	Resident Card
AAISHA MOHAMMED ALI AL AISAE	MOE	2004460	11755185

This is To certify that the above mentioned person was examined/treated by me and found to suffer from **ACUTE TONSILLITIS** as an Out Patient on **17/01/2023**

He/She is authorized sick leave from **17/01/2023** to **19/01/2023** for **3** days.

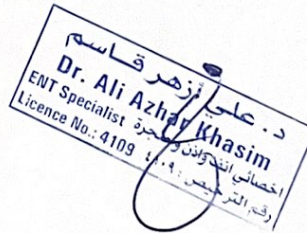
Remarks :

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. ALI AZHAR

ENT

Office seal

Countersigned by Directorate of Private Health Establishment, Affairs



17/01/2023