

C.R.No : 1/33325/9
 License No : 959
 Tel : 99000980
 Fax : 25360080
 P.O Box: 130
 Postal Code : 600, Fanja
 Sultanate of Oman
 Email :

س.ت: 1333259
 رقم الترخيص : 959
 هاتف : 99000980
 فاكس : 25360080
 ص.ب : 130
 الرمز البريدي : 600 فنجا
 سلطنة عمان

شهادة اجازة مرضية

SICK LEAVE CERTIFICATE

Date : 31-May-2022

Name of the Patient	Designation / Place of Work	Hospital No / Employee No
OLA ALI AL RAWAHI	U T A S N	64332

This is to Certify that the above named person was examined / treated by me and found to suffer from

Diagnosis Sprains & strains of joints & adjacent muscles As an Out Patient On

He is authorized sick leave from 01-Jun-2022 to 01-Jun-2022 for 1 days

Signature & Rubber Stamp of Medical Officer