

BASMAT NIZWA MEDICAL COMPLEX

P.O. BOX: 1726 Postal Code: 611 NIZWA
Sultanate of Oman C.R.: 5/13155/3
TEL: 25432103



جمع بسمة نزوى الطبي

BASMAT NIZWA MEDICAL COMPLEX

جمع بسمة نزوى الطبي

ص.ب: ١٧٢٦ الرمز البريدي: ٦١١ نزوى
سلطنة عمان س.ت: ٥/١٣١٥٥/٣
هاتف: ٢٥٤٣٢١٠٣

Sick Leave Certificate

Date Of Issue: 05/09/2021

REF No: 0400310

Name of the Patient	Designation/Place of Work	File No.	Resident Card	DOB
AZZA MOHAMMED ALNABHANI		88201	12168396	06/03/1982

This is To certify that the above mentioned person was examined/treated by me and found to suffer from **acut tosilitis** as an Out Patient on **05/09/2021** at **08:41**

He/She is authorized sick leave from **05/09/2021** to **06/09/2021** for **2** 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. ENAS ABOU HAMZEH
GENERAL PRACTITIONER

Office seal

Countersigned by Directorate of Private Health Establishment, Affairs

