



Leave Certificate

Date : 08-JAN-23  
Name of Patient : Farha Deebe Hassan  
Age : 44 Year(s) Sex : Female  
Patient Id. : 1122739  
Department : EMERGENCY DEPARTMENT  
Unit : ED Unit I

This is to Certify that FARHA DEEBA HASSAN(#1122739 - . - Ministry (Others)) was examined / treated by me/my department and found to suffer from Abdominal pain  
She attended the clinic as an Out Patient on 07/01/2023.

She is authorised to get the sick leave on 08/01/2023.

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



تم إلكترونياً  
Electronic Stamp

Ehsan Karimialavijeh

Signature and Rubber Stamp of Doctor