

## SICK LEAVE CERTIFICATE

Date: 24-Feb-2022

Name of the Patient	Designation / Place of Work	Hospital No / Employee No
MAZIN SALEH SAID AL NAAMANI		34716

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

Diagnosis Myalgia

As an Out Patient On 24-Feb-2022

He is authorized sick leave from 24-Feb-2022 to 24-Feb-2022 for 1 days

Signature & Rubber Stamp of Medical Officer

Or. Dellephan Gopalapilla

Specialist Paediatrician
MOH Lic No.: 4350
MOH Lic No.: 4350

Specialist Pagolaturan
MOH Lic No. 4350
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