## Sultanate Of Oman Ministry Of Health

## Wadi Bani Rawahah Health Center



سلطنة عمان وزارة السسسة مركز وادى بني رواحه الصحى

## Leave Certificate

Sex

Date

10-NOV-21

Name of Patient

Olla Ali Hamood Al Rawahi

Age

Patient Id.

33 Year(s) 23362

Department

**GENERAL PRACTICE** 

Unit

**GP Unit A** 

This is to Certify that OLLA ALI HAMOOD AL RAWAHI(#23362 - 0 - Ministry (Others)) was examined / treated by me/my department and found to suffer from ANC;;;; She attended the clinic as an Out Patient on 10/11/2021.

She is authorised to get the sick leave on 10/11/2021.

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

HOSPITAL STAMP

Asmaa Moawad Ahmed

: Female

Signature and Rubber Stamp of Doctor

\* This certificate is not valid without the HOSPITAL STAMP.

<<Clc\_Clinical\_Reports>>

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