



**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

