



Sick Leave Certificate

Date Of Issue: 21/12/2021

REF No: 0424582

Name of the Patient	Designation/Place of Work	File No.	Resident Card	DOB
AMERA KHALFAN MOHAMME ALASMAI	technical university	42603		15/12/1985

This is To certify that the above mentioned person was examined/treated by me and found to suffer from **fever and sorethroat** as an Out Patient on **21/12/2021**

He/She is authorized sick leave from **22/12/2021** to **23/12/2021** for **2** days.

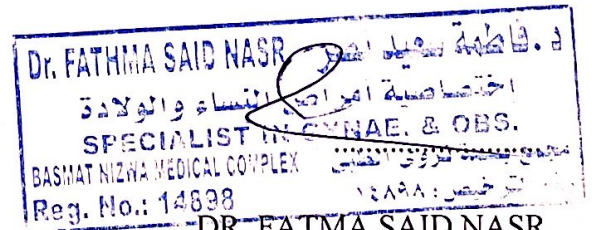
Remarks :

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. FATMA SAID NASR

GYNAECOLOGY

Office seal

Countersigned by Directorate of Private Health Establishment, Affairs