## Form qmed44

## **Medical Certificate**



### **Doctor's Statement**

In confidence to **Jasiah Haque** 

01.12.2002

This patient has reported a medical condition and should refrain from work or scheduled

commitments from 12.11.2024

To 12.11.2024 inclusive

# **Doctor's additional comments**

### **Doctor's signature**

In Layer

**Date of issue** 12.11.2024

**Reference Number** 580321

Dr Yas Gunathilake Address Suite 1, Level 8 99 Queen Street, Melbourne VIC 3000 Provider No 445142TY AHPRA Registration No MED0001656691

## Notes to patient about using this certificate

Give this note to your employer

This is a legal document - you should keep a copy of it for your own file

For comprehensive information about employment law go to www.fairwork.gov.au

## Notes to employer about using this certificate

To verify this certificate's authenticity, refer to the "For Employers" section at www.qoctor.com.au

