## Siektesertifikaat / Sick Certificate Groote Schuur Hospitaal / Hospital

Andushkaan

| MZIMHLE MOSIWE, M SECTION 7, FLAT 7 ME  | GSH 36847 614<br>DOB: 28/10/1986<br>Sex: M (H3)  | VUL IN DUPLIKAAT IN COMPLETE IN DUPLICAT. roote Schuur Hosp. address   | Western Cape<br>Government  |
|---|--|--|---|
| UNIT 20 PROTEA PARK<br>PAROW NORTH, 7500  | TelNo: 0722277813  | liniek / Clinic  | <del>-</del><br>-   |
| besoek het / I hereby cert<br>patient visited me today.   | ify that the abovementioned  |  | gsн: sc 50167   |
|   | ent gerapporteer / Dates absent as re<br>o my knowledge en / of /                        | and/ or Soos deur pasiënt aan my me  | egedeel / As told to me by  |
| the patient en/of / and en weer op / and again on   | or Uit my ondersoek op / accord  |  | 113   |
| 15/6/15   | vanaf / I advice sick leave fro beide datums ingesluit / bot lature of illness or injury | h dates inclusive.   | tot / to  |
| Aard van siekte of besering / N  Aanbevelings / Recommendation  | 2 de Ha  | biline in Roberton   |   |
| Crutches.   | Orthopoadic clinic   |  |   |
| Geteken Signed  | Naam (drukskrif) S<br>Name (print)   |  | 1tum 8 6 15   |
| DEUR PASIENT VOLTOOI:  * Ek het die inhoud van die s  * Ek is tevrede met die inhou  * Indien nodig, mag die diag aan my werkgewer bekend | ertifikaat gelees / gehoor.<br>id daarvan.<br>nose / aard van siekte                     | COMPLETED BY PATIL  * I read / heard the conte  * I am satisfied with the conte  * The diagnosis / nature be disclosed to my emp | ent of the certificate.<br>content thereof.<br>of the illness may |
| Geteken: Pasiënt / Signe  | ed: Patient  | Datu   | ım / Date   |

## **Groote Schuur Hospital Trauma Discharge Summary**

| Groote Schuur I  | Hospital Trauma Disch  | arge Summary  |
|--|--|---|
| etails   |  |   |
| NE   | LAST NAME  |   |
|  | Mosiwe   | •   |
| D  |  |   |
|  | ms en  | -   |
|  | DOB (DD/MM/YYYY)   |   |
| ) Female   | 28/10/1986   |   |
| )ied   | OYes   No  |   |
|  |  |   |
| ission   | OYes   No  | garan da ang mga ang m<br>Mga ang mga an  |
| njuries  | ⊖Yes   No  | in the second   |
|  | OVer ONe   | in Time and the second of the |
| cs administered<br>IC NAME(S)  | OYes   No  |   |
|  | and the second s | and the second  |
| je Summary   |  |   |
| rant   | REGISTRAR  | HOUSE OFFICER   |
| ,  | Dr Segobin   | e de la companya de   |
| ON DATE  | DISCHARGE DATE   | HOSPITAL DAYS   |
| 08   | 2015-06-08   | 0   |
| HISTORY  |  |   |
| 28 year old man, web developer,<br>er the table the previous night. He<br>d with severe pain and since the | e reports feeling his knee shift from its a  | jured his knee while picking up an object<br>axis and then it locked. This was  |
| B18  |  |   |
| ue injury to his right knee.   |  |   |
| TION   |  |   |
| evamination unremarkable   | e of motion. No scars, or any signs of tra   | auma.   |
| BATIONS  | ·  |   |
| ie right knee was clear  |  |   |
| -  |  |   |
| rmal, discussed with Dr Magamp   | oa, Ortho reg on call. Must return to Orth   | o Clinic, Wednesday 15 June 2015.   |
| N DISCHARGE  |  |   |
| 75 mg injection Paracetamol Or<br>CATIONS  | tho clinic on 15 June 2015   |   |
| rge Follow-Up  | To Orthopaedic clinic 15 June 20   | 15  |
|  |  |   |