

## MEDICAL CERTIFICATE

DATE: 19/07/2021

The undersigned hereby certifies that

Patient:

Mehlana Mabile

was examined by me on this date: 19/07/2021

According to my knowledge and as I was informed he/she was unfit for work


From:

19/07/2021 To: 21/07/2021

Date of return to work: 22/07/2021

Nature of Illness / Operation

Medical Illness



Signature

**DR N.H KHOSA**  
MBChB  
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BENDOR PARK, 0713

19/07/2021  
Date: