

*Dr. Jimmy van den Berg*

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**Algemene Praktisyn**

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**MEDIESE SERTIFIKAAT / MEDICAL CERTIFICATE**

Ondergetekende sertifiseer dat / Undersigned hereby certifies that

*S. Mangwe*  
deur my ondersoek was op / was examined by me on

*24/3/21*

(datum van eerste ondersoek)  
(date of first examination)

weer op / and again on

(datum van tweede ondersoek)  
(date of second examination)

**Dr. W.J. van den Berg**

volgens my kennis / soos my meegedeel is / sy is onbekwaam  
According to my knowledge / as I was informed he/she is unfit

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werk vanaf  
work from

*23/3/21*

tot  
to

*24/3/21*

weens SIEKTE / OPERASIE / BESERING  
due to ILLNESS / OPERATION / INJURY

aard van siekte/operasie/besering

Nature of illness/operation/injury

*Kontus*

*24/3/21*

Datum/Date