

DR S.T. MUDAU

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MEDICAL CERTIFICATE

No: 0884

Reference No: 04246

This certifies that I have today examined patient:

MATLOU MABORR

Date of first consultation: 06/02/2021 Time: 14H 20

Date (s) absent from work (as reported by patient):

I recommend sick leave from: 06/02/2021 to 08/02/2021

Work can be resumed on: 09/02/2021

Review date (if applicable): PLN

SIGNED

DR. S.T. MUDAU
B. DENT. THER. MB. CHB.
(MEDUNSA)

STAMP

DATE

06/02/2021

Consent for disclosure of illnesses / diagnoses through signature

Patient's signature

Parent / Guardian signature

Diagnoses / Illnesses: