

DR. S.A. TABANE

M.B. Ch.B. (Medunsa) DOH & M (UP)

MEDICAL PRACTITIONER

PR. No 014000 157 1656 MP 0476013

Consulting Room:

Excel Garage
Pankop
0414
Fax: 086 671 3382

Consulting Room:

Mamethlake Medical & Dental Centre
Ba-Mokoko 0432
Tel: (012) 721 2627
Cell: 082 923 5072

PO Box 1433, Montana Park, 0159

E-mail: dr-sa-tabane@mweb.co.za

Name: Mr Masubani O Age (if minor): _____

Date: 21/7/2021

TO WHOM IT MAY CONCERN
ABOUT MENTIONED CLIENT
HAS ORTHOPAEDIC CONDITION
(KYPHOSCOLIOSIS) WHICH LIMITS
HIS DAILY DUTIES.

KIND REGARDS

Dr Sello Andrew Tabane
MP No: 0476013
Pr No: 1571656
2021-07-21
8008 Napier Section
Mamethlake 0432 Mpumalanga
Tel: 012 721 2627

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MEDICAL CERTIFICATE

I, the undersigned hereby certify that Mr Masubani O
was examined by me on 19/7/2021 (Date of first examination)
and again on _____ (Date of first examination)

According to my knowledge /as I was informed he/she was unfit
to ~~work~~ / attend school

from 19/7/2021 up to & including 26/7/2021
due to ILLNESS / OPERATION / INJURY*

Orthopaedic condition

He/She will resume duty / return to work/school on 27/7/2021

Signature: [Signature]

Date: 19/7/2021

* Delete whichever not applicable