



Dr. Niel Bosman

MB.ChB(Pret)

PR: 0763756 / MP 0816671

General Practitioner

Tel: 015 296 2113

After Hours: 015 290 3747

Fax: 015 296 1220

FLORAMED

80 Mc Donald Street

P.O Box 15696

Flora Park, 0699

/ / 20

MEDIESE SERTIFIKAAT / MEDICAL CERTIFICATE

Ondergetekende sertifiseer hiermee dat / Undersigned hereby certifies that

B Du Toit

deur my ondersoek was op / was examined by me on

22/4/2021

Datum van eerste ondersoek

Date of first examination

en weer op / and again on

Datum van tweede ondersoek

Date of second examination

Volgens my kennis / soos my meegedeel was hy / sy onbekwaam*

According to my knowledge / as I was informed he / she was unfit*

Vir werk / skool vanaf

for work / school from

22/4/2021

tot en met

up to and including

24/4/2021

Werk / skool kan hervat word / fit for work / school on.

Weens SIEKTE / OPERASIE / BESERING* Due to ILLNESS / OPERATION / INJURY*

Aard van siekte / operasie / besering

Nature of illness / operation / injury

Pyelonephritis



Handtekening / Signature

22/4/2021

Datum / Date

*Skryf waar toe van toepassing nie / *Write that which is not applicable