DR. V. ELS

MBChB, MFam Med, DOH MSc (SPORTS MEDICINE) PR NO: 1563629

120 Thabo Mbeki Street Vokopane 0601 **(** (015) 491 6201 **(** (015) 491 3419

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Emerge/Nood: 082 443 6868

Posbus / P.O. Box 387 Mokopane 0600

| Mokopane 0600 | |
|---|---|
| MEDIESE SERTIFIKAAT | MEDICAL CERTIFICATE |
| Ondergetekende sertifiseer dat Jndersigned hereby certifies that | obin Nel |
| deur my ondersoek was op was examined by me on 5 8 | (datum van eerste ondersoek) (date of first examination) |
| en weer op and again on 6 8 2 | |
| Volgens my kennis / soos my meegedeel was According to my knowledge / as I was informe tot en m | s hy / sy onbekwaam vir werk / skool vanaf ed, he / she was unfit for work / school since et d including |
| Weens SIEKTE / BESERING / OPERASIE Due to ILLNESS / INJURY / OPERATION | |
| Aard van siekte operasie / besering: Nature of-illness / operation / injury: | Eukpitis. |
| | |
| | |

Practice Number 1563629

He / she will resurne duty/ school on:

10 | 8 | 202) Datum / Date



Hy / sy sal werk / skool hervat op: