

**DR. V. ELS**  
MBChB, MFam Med, DOH  
MSc (SPORTS MEDICINE)  
PR NO: 1563629

120 Thabo Mbeki Street  
Mokopane 0601

(015) 491 6201

(015) 491 3419

Emerge/Nood: 082 443 6868

Posbus / P.O. Box 387  
Mokopane 0600

**MEDIESE SERTIFIKAAT**

**MEDICAL CERTIFICATE**

Ondergetekende sertifiseer dat  
Undersigned hereby certifies that

deur my ondersoek was op  
was examined by me on

5/8/2021

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

en weer op

and again on

(datum van laaste ondersoek)  
(date of last examination)

Volgens my kennis / soos my meegedeel was hy / sy onbekwaam vir werk / skool vanaf  
According to my knowledge / as I was informed, he / she was unfit for work / school since

4/8/2021

tot en met

up to and including

5/8/2021

Weens SIEKTE / BESERING / OPERASIE

Due to ILLNESS / INJURY / OPERATION

Aard van siekte / operasie / besering:

Nature of illness / operation / injury:

gelyc

Hy / sy sal werk / skool hervat op:

He / she will resume duty / school on:

6/8/2021

**DR V ELS**

5/8/2021

Handtekening / Signature

MBChB MFam Med DOH MSc Med

GP : Sports Physician : OLIP

PO Box 387 Mokopane 0600

TEL 015 491 6201 Pr No: 1563629

Datum / Date