Dr. NME Kekana MBChB (Medunsa) PR. No. 0928976



General Practitioner

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MEDICAL CERTIFICATE

The undersigned hereby certifies that:
Swayimani Mothibela
was examined by me on:
(date of first examination)
and again on:
(date of last examination)
According to my knowledge / a s I was informed , he/she was unfit for work/school
from: 12/08/2021 to: 15/08/2021 He will be fit to resume duty on 17/08/202 Nature of illness/operation/injury: Medical Cadia
Medical Condition
Review Date: White the display of the control of th
Signature: Date: 12 08 2021