

# Dr. A.G. ROSSOUW

B.Sc. M.B. Ch. B (Pret)

## SPREEKKAMERS / CONSULTING ROOMS

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Datum 28/4/2021 20.....

## MEDIESE SERTIFIKAAT / MEDICAL CERTIFICATE

Ondergetekende sertifiseer dat:  
Undersigned hereby certifies that:

deur my ondersoek was op / examined by me on

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

Volgens my kennis / soos my meegedeel was hy/sy onbekwaam vir werk  
According to knowledge / As I was informed he/she was unfit for work

vanaf:  
from:

tot  
to

weens SIEKTE / OPERASIE / BESERING  
due to ILLNESS / OPERATION / INJURY

Aard van siekte / operasie / besering: Nature of illness / operation / injury

Handtekening/Signature

Datum/Date