Dr Andy Mukhari

BSc (Med). MB.ChB (Medunsa)

PR No 1574434

Consulting Room

Medical Practitioner

Postal Address

38 Lisoai Street ATTRIDGEVILLE 0008

Consulting Hours Mon. - Sat. 8.30 -19.30 Sunday - Public Holidays 8.30 - 16.00

P.O.Box 11723 TRAMSHED 0126

Cell. 072 977 4172

Medical Certificate

| I hereby certify that |
|--|
| Mr Mmeshi Watso Tsuaj |
| has been under |
| my treatment on the Ob OS Do and he/she is suffering from |
| I further certify that he/she is in consequence unable to perform his/her duties |
| and i consider it essential for the recovery of his/her health that he/she should |
| have leave from O.C. O.S. J. 22 to O.9 C.S. D.Z. |
| MEDICAL OFFICER (Jed) MB ChB (Medun DATE) |
| 38//sda Street Atteridgeville 0008 E/mail: byongo@vodamail.co.za Ceil 072 977 4172 |
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