



ROYAL GOVERNMENT OF BHUTAN
JIGME DORJI WANGCHUCK NATIONAL REFERRAL HOSPITAL



Controlled Form

Medical/Sick Leave Certificate

Form Q5

JDWNRH/ADM/08/ 1143

Date: 22/08/2024

I hereby certify that Mr/Mrs/Miss Ugyen Wangchuck Age/Sex 32/m bearing

CID No. 10605000295 Employee/Student/resident of.....

☒ Was unable to attend work/school

☒ Is/will be unable to attend work/school

Due to: Surgery: I & D of Perianal Abscess

Pt is a case of Peri-anal abscess x 3 weeks

He underwent Incision and Drainage of the perianal abscess on the 20th of August 2024

Patient requires bedrest for a minimum of 3 days after the procedure

[Signature]

Recommended medical leave for: 3 Day(s)/ Month w.e.f (DDMMYY) 21/08/24 to 23/08/24 (DDMMYY)

Signature of Clinician and seal:

Name: Dr. Dorji Wangchuk

BMHC Reg. No. : MM 448

Designation: Surgery

Date (Certificate is signed): 22/08/2024

