KIMSHEALTH
Medical Center

كيمزهيلث
مركز طبي

COVID – 19 QUARANTINE RELEASE FORM

To Whomsoever It may concern

This is to certify that _____**SELVAMANI PASUPATHY**_____,**MR NO:8249, CIVIL ID NO:109388196, CASE ID:489099** was placed in quarantine from ___**26/04//2021**___ **to** ___**05/05/2021**_____ by KIMSHealth Medical Center – Al Khuwair.

This person have completed the assigned (10) days of quarantine and remain asymptomatic, therefore, he was released from quarantine with effect from _____**06/05/2021**_____.

Authorization:

Name: _____DR.MUNNU ZAIN MUNEER_____

Date: _____06/05/2021_____

Signature _____

Stamp/Seal

DR. Munnu Zain Muneer
General Practitioner
MOH Lic No. 9998
KIMS Oman Hospital
Date: 06/05/21
Time :

KIMSHEALTH Medical Center
Al Khuwair
CR. No.: 1021107
Sultanate of Oman