

MEDICAL CERTIFICATE OF SICKNESS

I, after Careful
Examination of the case hereby certify that
.....
whose signature is given below is suffering from
.....
and I consider that a period of absence from duty of
with effect from
is absolutely necessary for the restoration of his/her health.

Date.....
Signature of patient
.....

.....
Government Attendant
or
Registered Practitioner
(with No.)

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