KLINIK ROSH

No. 117, Jalan Sibu, Taman Wahyu, Off Jalan Ipoh, 68100 Kuala Lumpur.
+603-6242 3058 / +6011-6324 3057 klinikrosh@gmail.com

SIJIL AKUAN SAKIT / MEDICAL CERTIFICATE

MC No. MC-2512

Dengan ini saya mengesahkan bahawa saya telah memeriksa
This is to certify that I have examined

Tuan / Puan / Cik
Mr. / Mrs. / Miss **RAJENDRAN A/L PERIAPPAN**

No. Pendaftaran
Registration No. **076543**

No. K/P atau Paspot
NRIC or Passport **610913-08-5757**

Tarikh / *Date* **2022-10-17, 10:57**

Daripada
From —

Time In: ~

Time Out: ~

dan didapati bahawa beliau tidak sihat menjalankan tugas

bekerja / ~~bersekolah~~ selama **1** hari
and found that he / ~~she~~ is medically unfit for duty / ~~to attend school~~ for **1** *days*

Dari
From **2022-10-17**

Hingga
until **2022-10-17**

Penyakit / *Provisional Diagnosis*: **Treat as UTI**

Dr. Arshiana a/p Ponniah
MMC [illegible]950

Tandatangan Doktor
Doctor's Signature

Issued by

KLINIK ROSH
No. 117, Ground Floor, Jalan Sibu,
Taman Wahyu, Off Jalan Ipoh,
68100 Kuala Lumpur.
03-62423058

** NOT VALID FOR COURT USE **