MINISTRY OF HEALTH AND WELLNESS

Medical Certificate

THIS IS TO CERTIFY THAT :

Mr/Mrs/Miss FRANCIS JEAN DAVID Age 39 yrs old

N. I. C. No. F 0 4 0 3 8 3 3 8 1 3 2 1 F

of the Concerned *Ministry/*Department

*now under treatment as in-patient in SSRN Hospital

*or now attending ..... *Hospital/Dispensary

for treatment as out-patient, is suffering from Cerebrovascular accident | CT brain (01|5|22) shows left basal ganglia acute ischemic infarct.

He/She is at present unfit for work and requires in my opinion .....

..... rest/treatment to recruit his/her health.

Medical Board security doctor.

HOSPITAL
Official Stamp of
Hospital/Dispensary
Date :
WARD 2-9
SSRN

Dr (Ms) PARAHOO Ashleen
MHO / SMHO

Name of Medical Officer .....
(in block letters)

Date 04|5|22

.....
Medical Officer's Signatur

..... does not apply.