

# Hospital Medical Certificate

## For Job Leave

Patient Name:

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Age:

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Gender:

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Address:

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Job / Position:

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Employer:

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Date Examined:

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Hospital / Clinic:

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Diagnosis:

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Nature of Illness / Injury:

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Period of Rest Recommended (From):

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To:

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Total Days:

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Remarks:

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Physician's Signature over Printed Name

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Date