

B15.

Para. 89(2), (3)

Specimen Government Medical Certificate

| | | |
|--|------------------------------------|--|
| ORIGINAL MEDICAL CERTIFICATE | | |
| | | Serial No. |
| Name | NRIC No. | |
| *This is to certify that the abovenamed is unfit for duty for a period of days from to inclusive. | | |
| Type of medical leave granted - | | |
| Hospitalisation Leave | | Outpatient Sick Leave |
| Admitted on | | |
| Discharged on | | Maternity Leave |
| | | Delivered on |
| | | Sterilisation Leave |
| | | Operated on |
| This Certificate is *valid/not valid for absence from Court attendance. No medical leave is necessary | | |
| Diagnosis | Surgical Operation (if applicable) | |
| * Fit for normal/light duty from to | | |
| * The abovenamed patient attended my clinic at am/pm and left at am/pm. | | |
| Hospital/Clinic | Ward No. | Signature, Name (In BLOCK LETTERS) and Designation |
| | Date | |
| MD 965 <i>* Delete as necessary</i> | | |