



# MEDICAL CERTIFICATE

**Enq:**

**Ext:**

**Ref:**

**Date:**

**Re:**

This is to certify that the abovementioned patient was examined by me on

\_\_\_\_\_ (Date)

Sick leave for the purposes of recovery and recuperation is recommended

From \_\_\_\_\_

to

\_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Designation*

\_\_\_\_\_  
*Institution*

\_\_\_\_\_  
*Official stamp*