

1.

Para. 14(2)

Specimen Government Medical Certificate

ORIGINAL MEDICAL CERTIFICATE				
		Serial No.		
Name	NRIC No.			
<p>* This is to certify that the abovenamed is unfit for duty for a period of days from to inclusive.</p> <p>Type of medical leave granted-</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Hospitalisation Leave Admitted on Discharged on </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Outpatient Sick Leave. <input type="checkbox"/> Maternity Leave Delivered on <input type="checkbox"/> Sterilisation Leave Operated on </td> </tr> </table> <p>This Certificate is *valid/not valid for absence from Court attendance. No medical leave is necessary</p> <hr/> <p>Diagnosis Surgical Operation (if applicable)</p> <hr/> <p>* Fit for normal/light duty from..... to </p> <p>* The abovenamed patient attended my clinic at am/pm and left at am/pm.</p>			<input type="checkbox"/> Hospitalisation Leave Admitted on Discharged on	<input type="checkbox"/> Outpatient Sick Leave. <input type="checkbox"/> Maternity Leave Delivered on <input type="checkbox"/> Sterilisation Leave Operated on
<input type="checkbox"/> Hospitalisation Leave Admitted on Discharged on	<input type="checkbox"/> Outpatient Sick Leave. <input type="checkbox"/> Maternity Leave Delivered on <input type="checkbox"/> Sterilisation Leave Operated on			
Hospital/Clinic	Ward No.	Signature, Name (In BLOCK LETTERS) and Designation		
	Date			
MD 965 * Delete as necessary				