

MEDICAL CERTIFICATE OF SICKNESS. EMPLOYMENT INJURY

Any person who knowingly makes a false representation for the purpose of obtaining a benefit commits a criminal offence punishable by a fine or imprisonment or both.

TO BE COMPLETED BY MEDICAL PRACTITIONER

NOTE: Please tick appropriate box:

Sickness Benefit

Employment Injury

Full Name Mr./Mrs./Miss.

I hereby certify that on

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 I examined the above named person
dd mm yy

at and he / she

is suffering from

which is a medical condition surgical procedure and is incapable of working.

In my opinion he/she will be fit to resume employment on

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dd mm yy

Any other remarks
.....
.....

I declare that the information given on the above is true and accurate to the best of my knowledge and belief.

Medical Practitioner's Name

Address
.....
.....



*Doctor's Stamp /
Registration No.*

Signature

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dd mm yy