

MEDICAL CERTIFICATE OF SICKNESS / EMPLOYMENT INJURY Form : MC_4

Any person who knowingly makes a false representation for the purpose of obtaining a benefit commits a criminal offence punishable by 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

dd	mm	yy			

 I examined the above named person

and he/she is suffering from.....
and is incapable of working.

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

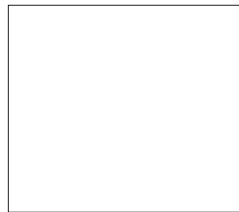
dd	mm	yy			

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.....

Date

dd	mm	yy			

MEDICAL CERTIFICATE OF SICKNESS / EMPLOYMENT INJURY Form : MC_4

Any person who knowingly makes a false representation for the purpose of obtaining a benefit commits a criminal offence punishable by 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

dd	mm	yy			

 I examined the above named person

and he/she is suffering from.....
and is incapable of working.

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

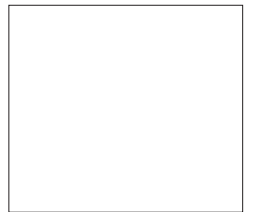
dd	mm	yy			

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.....

Date

dd	mm	yy			