

MEDICAL CERTIFICATE FOR TEACHER'S SICK LEAVE

I hereby certify that I examined
On.....In my opinion,
her/she is suffering from.....
and will be unable to perform his/her usual duties for
.....from the date on this certificate. I have given
this certificate at the request of the above-named patient in order that he/she may
obtain the necessary leave.

Signed:.....

Status:.....

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