

Undersigned hereby certifies that

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MP No. 0486825 Pr 0011037

• Family Medicine • Occupational Health Specialist • Certified Travel Medicine Physician • Urgent Care Practice

Medical Certificate

PETER ROY	DOCC7
was examined by me on	(date of first examination)
and again on	
	(date of last examination)
According to my knowledge / as I was i	nformed he/she was unfit
Due to ILLNESS / OPERATION / INJU	IRY
Nature of illness / operation / injury	
Strest Esasue Post Cour Symptoms	o complication
Start Cores	18 1/2021
Signature	Date