

Form 22
SPECIMEN GOVERNMENT MEDICAL CERTIFICATE

ORIGINAL		MEDICAL CERTIFICATE		Serial No.
Name		NRIC No.		
*This is to certify that the abovenamed is unfit for duty for a period of days from to inclusive.				
Type of medical leave granted —				
<input type="checkbox"/> Hospitalisation Leave		<input type="checkbox"/> Outpatient Sick Leave.		
Admitted on		<input type="checkbox"/> Maternity Leave.	Delivered on	
Discharged on		<input type="checkbox"/> Sterilization Leave.	Operated on	
This Certificate is *valid/not valid for absence from court attendance.				
Diagnosis		Surgical Operation (if applicable)		
*Fit for normal/light duty from to				
*The abovenamed patient attended my clinic at am/pm and left at am/pm. No medical leave is necessary				
Hospital/Clinic		Ward No.	Signature, Name (In BLOCK LETTERS) and Designation	
		Date		
MD 965		*Delete as necessary		