**KLINIK SITI DAN RAKAN RAKAN PUCHONG PERMAI**
No 2 jalan puchong permai 3,
Taman Puchong Permai Batu 13, 47100, Puchong, Selangor, Malaysia
Email: klinikdrsitidanrakanrakan@yahoo.com
Tel: 016-7296121

# MEDICAL CERTIFICATE

**Date:** 2025-03-25 **MC No:** MC-9656/2025

I have carefully examined Mr./Mrs. **HAZMAH ABDULLAH, 010622121106, 23 years 9 months 3 days old** years old. I certify that he/she is suffering from **Upper respiratory tract illness (URTI).** I consider that a period of absence for **1** day(s) from duty of **25/03/2025** until **25/03/2025** is necessary for the health restoration.

(NOT VALID IN THE COURT OF LAW)

DR. ITASYAH MUHAMMAD LEE
MBBS (MSU), MMC 95353

DR ITASYAH MUHAMMAD LEE (MMC No: 95353)

KLINIK DR. SITI DAN RAKAN²
Klinik Metro Medics
No. 2, Jalan Puchong Permai 3,
Taman Puchong Permai, Bt 13,
47100 Puchong.
Tel: 016-7296121

**KLINIK SITI DAN RAKAN RAKAN PUCHONG PERMAI**
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47100 Puchong, Selangor
Email: klinikdrsitidanrakanrakan@yahoo.com
Tel: 016-7296121

## OFFICIAL RECEIPT

HAZMAH ABDULLAH
010622121106
60146550956

**Receipt No:**9656

**Date:** March 25, 2025, 10:33 a.m.

Received from: **HAZMAH ABDULLAH**

The sum of: **RM 50.00**

Payment Method: **CASH**

In payment of: **Consultation and Medication**

KLINIK DR. SITI DAN RAKAN²
Klinik Metro Medics
No. 2, Jalan Puchong Permai 3,
Taman Puchong Permai, Bt 13,
47100 Puchong.
Tel: 016-7296121

| | |
|---|---|
| **Subtotal** | RM 50.00 |
| **Discount** | RM 0.00 |
| **Tax** | RM 0.00 |
| **Total paid** | RM 50.00 |