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: 2025-06-17

MC No: MC-12810/2025

I have carefully examined Mr./Mrs. **HAZMAH ABDULLAH, 010622121106, 23 years 11 months 26 days old** years old. I certify that he/she is suffering from **tension headache.** I consider that a period of absence for **1** day(s) from duty of **17/06/2025** until **17/06/2025** is necessary for the health restoration.

(NOT VALID IN THE COURT OF LAW)

DR. S. NITHIYA
PEGAWAI PERUBATAN UD43
MMC: 95006

Nithiya Supramaniam (MMC No: 95006)

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
No 2 jalan puchong permai 3, Taman Puchong Permai Batu 13,
47100 Puchong, Selangor
Email: klinikdrsitidanrakanrakan@yahoo.com
Tel: 016-7296121

OFFICIAL RECEIPT

HAZMAH ABDULLAH
010622121106
60146550956

Receipt No:12810

Date: June 17, 2025, 9:01 a.m.

Received from: **HAZMAH ABDULLAH**

The sum of: **RM 40.00**

Payment Method: **CASH**

In payment of: **Consultation and Medication**

Subtotal	RM 40.00
Discount	RM 0.00
Tax	RM 0.00
Total paid	RM 40.00
