MoH/NCTMS-NTMH/Forms-15/20 Date:

Form No: NTMH/ADMIN-02

SICK LEAVE FORM

This is to certify that……..CID/Passport No.:……
an employee/student/resident of……..,
was clinically examined and assessed at this healthcare facility.

Based on the clinical findings and professional medical assessment, the patient is considered medically unfit to attend work, school, or other routine activities and is therefore advised to remain on sick leave from……..to……..

The above recommendation has been made in the interest of the patient's recovery and to prevent aggravation of the existing medical condition. The patient is advised to comply with the prescribed treatment, medications, follow-up appointments, and any activity restrictions as instructed by the treating healthcare professional.

Additional Clinical Remarks/Comments:……
……..
……

I hereby certify that the above information is true and accurate to the best of my professional knowledge and is based on the patient's clinical examination conducted on the date indicated below.

Name of Certifying Professional:
Designation:
Department/Unit:
BMHC Registration No.:
Seal and Signature:
Date of Issue:

Official Seal