



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

**MEDICAL CERTIFICATE**

**Enq:**

**Ext:**

**Ref:**

**Date:**

**Re:**

This is to certify that the abovementioned patient was examined by me on

\_\_\_\_\_ (Date)

Sick leave for the purposes of recovery and recuperation is recommended

From \_\_\_\_\_

to

\_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Designation*

\_\_\_\_\_  
*Institution*

*Official stamp*

Official stamp area (empty box)