Doctors on Wheels
136 2nd St, Randjespark, Midrand, 1685

Date:_____

Medical Certificate

To whom it may concern,

Patient Name:_____
Date of birth:_____
Address:_____

Was seen by a Medical practitioner on _____

Suffering from _____

Given sick leave from_____ till _____

They will be fit to resume duties on: _____

Signature & Official Stamp
of attending doctor
Dr Sam Luzulane
MBChB (UCT)
PCNS: 1339370
MP1011545