

Medical certificate

To Whom It May Concern: I, the undersigned Doctor of Medicine, certify that the following patient should not travel due to medical reasons:

Patient's full name: Molham Krayem

Dates affected

From: May 7th, 2019

To: June 30th, 2019

Diagnosis (optional): Miniscus tear in the right knee

Date of issue: May 7th, 2019

Medical facility name: Medcare Hospital

Doctor's signature:



Stamp:

