Dr Resha Maharaj Inc.

MBBS (KAS)
FAMILY PRACTITIONER
Pr No.: 1565060

K00106
11h40

DATE: 02/03/09

MEDICAL CERTIFICATE

THIS IS TO CERTIFY THAT

Mr / ~~Mrs~~ / ~~Miss~~ Kabelo Medise

Consulted me on 02/03/09

In my opinion / ~~As I was informed~~ he/~~she~~ is not fit for work / school

from 02/03/09 till ONLY inclusive.

He / ~~She~~ will be fit to resume duty on 03/03/09

Nature of illness:

As Ive been informed by him he has a terrible headache. On examination he is highly intoxicated with alcohol. He always comes to see me on a Monday and wants the day off.

DR. RESHA MAHARAJ
MBBS (KAS)
Pr No. 1565060
FAMILY PRACTITIONER
Doctor's Signature

PRACTICE
SHOP No. 10 BOXER CENTRE
6 OLD MAIN ROAD, PINETOWN
TEL.(031) 7096094

POSTAL ADDRESS:
P.O. BOX 2046
PINETOWN
3600

02/03/09
Date

Tel: (031) 709 6094
Fax: (031) 709 6094

Practising at:
Shop No. 10, Boxer Centre
6 Old Main Road
Pinetown

P.O. Box 2046
Pinetown 3600