

Dr. Ahmed Al-Sayid

Dr. Zuhair Al-Sayid

Form for the issuance of a medical certificate and a certificate of absence

Dr. Name: Issued by
Ref. No.: 9557-00
Requester Name: (IUL)SH-AH/2024/19
Requester ID and Date: 14-05-2024, 14:00

Requester Name	Requester ID	Requester Address	Requester Phone
	✓	SH-AH/PHL/2024/191	1

For more information, please contact the Health Department at 6540205 or via email at [hr.shah@health.gov.mv](mailto:hr.shah@health.gov.mv)

Requester Name: Issued by	Signature: <i>[Signature]</i>
Date: 2024-05-14	
Requester Name: Issued by	Signature: <i>[Signature]</i>
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Requester Phone: Issued by	

