**Specimen Government Medical Certificate**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ORIGINAL | MEDICAL CERTIFICATE | | | | | | | | | Serial No. |  |
|  | Name | | | | | | | | | NRIC No. | |  |
|  | \*This is to certify that the abovenamed is unfit for duty for a period of ..........................................................................  ..................................................................... days from ...................................... to ...................................... inclusive. | | | | | | | | | | |  |
|  | **Type of medical leave granted —** | | | | | | | | | | |  |
|  | o Hospitalisation Leave | | | oOutpatient Sick Leave. | | | |  | | | |  |
|  | Admitted on ....................... | | | o Maternity Leave. | | | | Delivered on ........................................... | | | |  |
|  | Discharged on ..................... | | | o Sterilization Leave. | | | | Operated on ............................................ | | | |  |
|  | This Certificate is \*valid/not valid for absence from court attendance. | | | | | | | | | | |  |
|  | Diagnosis | | | | | Surgical Operation (if applicable) | | | | | |  |
|  | \*Fit for normal/light duty from ....................................................... to ........................................................ | | | | | | | | | | |  |
|  | \*The abovenamed patient attended my clinic at ................................. am/pm and left at ................................. am/pm.  No medical leave is necessary | | | | | | | | | | |  |
|  | Hospital/Clinic | | | | Ward No. | | Signature, Name (In BLOCK LETTERS)  and Designation | | | | |  |
|  |  | | | | Date | |  | | | | |  |
|  | MD 965 | | *\*Delete as necessary* | | | | | |  | | |  |

Refer to the Family Justice Courts Practice Directions 2024 paragraph 113 for further information on absence from Court on medical grounds.