

No : 2026597668

MEDICAL CERTIFICATE SIJIL CUTI SAKIT

This is to certify that I have examined
Dengan ini saya mengesahkan bahawa saya telah memeriksa

Mr/Mrs/Miss **FARIDAH BINTI YAUCOB**
Tuan/Puan/Cik

IC/Passport No/ID No: **800117085032**
No.KP/No.Passport/No.ID

MRN: **00586399**

Date of Admission: **09/06/2026**

Date of Discharge: **13/06/2026**

Date of Operation: **12/06/2026**

and I am of the opinion that: *dan mendapati*

a) He/She is unfit for the proper performance of his / her duties / to attend school for
Beliau tidak sihat untuk menjalankan tugas atau persekolahan selama
15 days on / from **09/06/2026** to **23/06/2026**
hari / dari *hingga*

b) He/She should return for re-examination on **23/06/2026**
Beliau perlu membuat rawatan susulan pada

c) He / She is fit regular / light duty on / from **11** to **11**
Beliau boleh menjalankan kerja seperti biasa kerja ringan dari *hingga*

(Delete (b) or (c) whichever is not applicable)

Date : **13/06/2026**

(Signature of Medical Practitioner)

DR KAMALNIZAT IBRAHIM

MD (USM), MS Orth (UKM), AO Fellow Spine (Mal),
Minimally Invasive and Endoscopic Spine (Korea)
Consultant Orthopaedic, Traumatology & Spine
KPJ Ampang Puteri Specialist Hospital
MMC No: 42170
NSR : 131441

(Official Medical Practitioner Stamp)

DISCHARGE SUMMARY

NAME : Mrs. FARIDAH BINTI YAUCOB

MRN/CASE: 00586399 / 2026597668

NRIC/ID : 800117085032

DATE : 13.06.2026

DOB/SEX : 17.01.1980 / Female

Date of Admission: 09.06.2026

Date of Discharge: 13.06.2026

Reason for Admission: sudden onset backpain radiating to left LL 3d
saturday - after sneezing at kitchen
severe pain unable to walk and stand

Significant Physical Findings: MRI - 2023 PID L5/S1

Diagnosis on Admission: Recurrent PID L5/S1 with radicular pain

Investigations: iv meds / blood test / MRI / xray / physiotherapy / Rt facet block + Root block L5/S1

Operations/Procedures and Findings:

Rt facet block + Root block L5/S1 done - 12/06/2026

Inpatient Medications: iv analgesic

Inpatient Progress: better

Patient's Status on Discharge: better with residual pain

Diagnosis on Discharge: same as above

Medication on Discharge: same as above

Next Follow Up Plan / Investigation: see in clinic 2/52 (23/02/2026)

Medical Certificate: 2w

Consultant's Name: DR KAMALNIZAT BIN IBRAHIM (MMC:42170)

**Electronically validated report by consultant. No signature required.*

**To seek earlier appointment or go to the nearest hospital if complications arise or condition worsens.*

DR KAMALNIZAT IBRAHIM

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