



## Sick Leave

### Medical Report Request

Date: -----

Dr.'s/Clinic's Name: -----

Student's Name: -----

Diagnosis: -----  
-----

Kindly tick the right statement:

- Non Covid case, fit to attend school
- Suspected Covid case, needs to do PCR

Treatment/Dr.'s Recommendations:

1. -----
2. -----
3. -----

Sick Leave for: -----

Dr.'s Signature: -----

Clinic Stamp

School nurse's signature

-----

