

Done on ... / ... / Corresponding to ... / ... /

hospital

region

medical report

Patient's name (quadruple):

Patient's age:

Patient's medical record number:

.....

Nationality:

Occupation and work destination:

.....

Date of admission to hospital (both calendars): ... / ... /

Corresponding to ... / ... /

Date of discharge from hospital (both calendars): ... / ... /

Corresponding to ... / ... /

Diagnosis of the disease condition:

.....

.....

.....

..... Physician's

Recommendation: The above-mentioned patient needs sick leave for at least a period of timedays, commencing from the date of/ ... / and continues until the day of corresponding to ... / ... /

Name of the attending physician:

.....

.....

Mobile number:

.....

The seal of the issuing authority

The signature of the doctor