



MEDICAL CERTIFICATE

PATIENT'S NAME: Stella Kiokee-Koostachin _____

THIS IS TO CERTIFY THAT THE PATIENT IS UNABLE TO WORK (ATTEND SCHOOL) DUE TO ILLNESS OR INJURY.

FROM (DATE) OCT 3-5 2023 _____

HE/SHE WILL BE ABLE TO RETURN TO WORK (ATTEND SCHOOL)

ON (DATE) OCT 6 2023 _____

THE PATIENT WAS SEEN AT THE CLINIC

ON (DATE): _____

COMMENTS: SEEN OCT 4 2023 IN KINGSTON FOR SPECIALIST APPOINTMENT

SIGNATURE

10/10/2023 _____

DATE