John Street Family Health Centre

General Practitioner

MEDICAL CERTIFICATE

This is to certify that

Mr / Mrs / Miss	
consulted me on	
In my opinion he / she is not fit for work / school	*-
from 12 Jane until	12 July . inclusive.
Nature of illness: Glandula fene they gut the M highly he Commen away from war	of they need it is add they story
one month.	
DR. PETER RIGHMOND BHB, MBCNB, FRACGP GENERAL PRAOTITIONER (DOCTOR'S SIGNATURE) POSTAL ADDRESS P.O. BOX 2046 AUCKLAND	Date: 12 Jane.

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