

Chatswood Chase Medical Centre

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Date: 9 / 4 / 15

This is to certify that

Ms. Seen Yan (Charlotte) Pun

is under my care for upper respiratory
tract infection

He/She

☒

is fit

☐

is unfit

☐

has been unfit

from 9 / 4 / 15 to 10 / 4 / 15 inclusive

Signed

