**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 time ……………….days, 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**