



المدرسة الكندية ثنائية اللغة
Canadian Bilingual School

Bilingual School in Arabic / مدرسة كندية ثنائية اللغة

Form # 29 – Medical Form

Date: _____

Hospital/Clinic: _____

Student Name: _____

Civil ID number:

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Nationality: _____

Age: _____

Gender: Female Male

School Stamp: _____

Dear Principal,

Please be informed that he/she _____

He/ She will be away from school: _____ to: _____

Doctor's Signature: _____
Date: _____

Doctor's Stamp: