



**MIKINDANI  
HOSPITAL**  
*Best of Care, Close to Home*

P.O BOX 93779-80102,  
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**SICK SHEET**

NAME: Sundo Mwaroma

OP NO. .... AGE 40yrs SEX Male

The above named person was treated at our health facility on this day 03/07/25

Allow 3 days Day(s) sick off to follow up treatment review / appointment on.....

Dr. vonno Sign [Signature]

OFFICIAL STAMP

