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| --- | --- | --- | --- |
| **McD** | **OMC** | **Clinic** | **0001** |

**KLINIK PRATAMA PT.MCDERMOTT**

**INDONESIA**

**KECAMATAN BATU AMPAR**

Jl.Bawal, No.01 Batam 29452

SURAT KETERANGAN ISTIRAHAT

*MEDICAL CERTIFICATE*

Visit Id: ……………

**That the undersigned** /*Yang bertanda tangan di bawah ini*: dr **%NameDoctor%**

**Explains clearly that** /*menerangkan dengan sebenarnya bahwa*:

**Name/*Nama*** : %NamePatient%

**Age/*Umur*** : %AgePatient%

**Occupation/*Pekerjaan*** :

**Address/ *Alamat***: %AddressPatient%

**Need a rest for** / *Memerlukan istirahat selama %days%*  (%WordDays%) day/*hari*, **starting from date/** *terhitung mulai tanggal* **%startDate%** To*/s/d* Date/*tanggal* **%startDate%**

**due to*/Karena* (illness/***sakit***)/(surgery***/operasi* **)/(hospitalization***/rawat inap)*

**This this certificate is made, so that it can be used properly**.

*Demikian surat keterangan ini dibuat, untuk dapat digunakan sebagaimana mestinya.*

**Batam**, %Date%

(%NameDoctor%)

**SIP**:%SIPDoctor%

**Name and Signature**

*Nama dan TTD*