

SURAT KETERANGAN ISTIRAHAT
MEDICAL CERTIFICATE
No. 008225/PLZ/KFD-SMT5/MC/XII/2025

Yang bertanda tangan di bawah ini, Dokter Klinik Kimia Farma, menerangkan bahwa:
The undersigned, a doctor at Kimia Farma Clinic, hereby declares that:

Nama : **RISKA AYUNDRA**
Name

Tanggal Lahir : **28 October 2001 (24 thn)**
Date of Birth

Instansi : **PT GIK TECH BERJAYA INDONESIA**
Company

No. Pegawai : **F0019379**
Badge

Alamat : **BATU AJI**
Address

No Telep/HP : **088279976411**
Phone Number

Diagnosa : **J07 – Gerd**
Diagnosis

Berdasarkan pemeriksaan medis yang telah dilakukan, yang bersangkutan diketahui menderita sakit dan memerlukan istirahat selama:

Based on the medical examination conducted, the individual is diagnosed with an illness and requires a period of medical leave for:

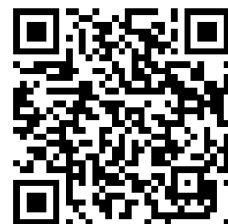
| Durasi <i>Duration</i> | Tanggal Mulai <i>Start From</i> | Tanggal Selesai <i>Until Date</i> | Klinik <i>Healthcare Facility</i> |
|---------------------------|--|--|--------------------------------------|
| 1 Hari 1 day | 22 Desember 2025 December 22nd 2025 | 22 Desember 2025 December 22nd 2025 | KLINIK KIMIA FARMA SP PLAZA |

Demikian disampaikan agar pihak yang berkepentingan maklum, dan kepada yang bersangkutan agar dapat digunakan sebagaimana mestinya.

Accordingly, this letter is issued for proper use by the concerned party.

BATAM, 22 Desember 2025
BATAM, December 22nd 2025


dr. Desi Kristina Br Sinaga
MR2171250401150



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