

**SURAT KETERANGAN ISTIRAHAT**  
**MEDICAL CERTIFICATE**

No. 000734/GUL/KFD-SMT5/MC/III/2025



Yang bertanda tangan dibawah ini, dokter klinik kimia farma menerangkan bahwa :

*Undersigned, Klinik kimia farma doctor, declare that:*

Nama  
Name : **WAGE DANANG LOBYANTO**  
Tanggal Lahir  
Date Of Birth : **22 Oktober 1994 / October 22nd 1994**  
Perusahaan  
Company : **PT SURYA TECHNOLOGY**  
No. Pegawai  
Badge : **20235**  
Alamat  
Address : **SAGULUNG**  
No Telep/HP  
Phone Number : **082136576889**

Berdasarkan pemeriksaan medis yang dilakukan, bersangkutan menderita sakit, membutuhkan istirahat sakit selama :

*based on medical examination carried out, the person concerned suffers from illness, requires sick rest for:*

Durasi Duration	Tanggal Mulai Start From	Tanggal Selesai Until Date	Klinik Healthcare Facility
1 Hari 1 Days	14 Maret 2025 March 14th 2025	14 Maret 2025 March 14th 2025	Klinik Kimia Farma 0137 – Sagulung

Demikianlah agar yang berkepentingan maklum dan kepada yang bersangkutan agar mempergunakan sebagaimana mestinya.

*Therefore, this letter is issued to be used properly.*

Batam, 14 Maret 2025

*Batam, March 14th 2025*



*dr Arief Fadhillah*

SIP: 031.II/001-516/SIP.TM/DPMPTSP-BTM/VI/2022



Scan Keaslian Dokumen  
*Scan to access original document*

**Klinik Kimia Farma 0137 – Sagulung**

**A:** Komplek Sagulung Mas Indah | **P:** 081372587504 **E:** 0137sagulung@suratsehat.com