

SURAT KETERANGAN ISTIRAHAT
MEDICAL CERTIFICATE

No. 000791/BKG/KFD-SMT5/MC/IX/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
Name : **JULDELIMA GEA**

Tanggal Lahir
Date of Birth : **06 June 2001 (24 thn)**

Instansi
Company : **Matahari department store BCS**

No. Pegawai
Badge : **Divisi 3**

Alamat
Address : **BENGKONG HARAPAN**

No Telep/HP
Phone Number : **081276947988**

Diagnosa
Diagnosis : **J00 - Acute nasopharyngitis [common cold]**

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 <i>1 days</i>	11 September 2025 <i>September 11th 2025</i>	11 September 2025 <i>September 11th 2025</i>	KLINIK KIMIA FARMA BENGKONG 463

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, 11 September 2025
BATAM, September 11th 2025


dr SIGIT PURNOMO

031./001-588/SIP.TM/DPMPTSP-BTM/VII/2023



Pindai untuk Verifikasi
Keaslian Dokumen
*Scan to verify the authenticity
of this document*

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