

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 <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>	14 Maret 2025 <i>March 14th 2025</i>	14 Maret 2025 <i>March 14th 2025</i>	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



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Klinik Kimia Farma 0137 – Sagulung

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