

**SURAT KETERANGAN ISTIRAHAT**  
**MEDICAL CERTIFICATE**  
No. 020825/PBL/KFD-SMT5/MC/II/2025



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

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

Nama : **JULIANSYAH**  
Name  
Tanggal Lahir : **03 Oktober 1999 / October 3rd 1999**  
Date Of Birth  
Perusahaan : **PT. VALEO AC INDONESIA (ISPA)**  
Company  
No. Pegawai : **535499**  
Badge  
Alamat : **MARINA**  
Address  
No Telep/HP : **08984020707**  
Phone Number

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:*

<b>Durasi</b> <i>Duration</i>	<b>Tanggal Mulai</b> <i>Start From</i>	<b>Tanggal Selesai</b> <i>Until Date</i>	<b>Klinik</b> <i>Healthcare Facility</i>
1 Hari 1 Days	04 February 2025 February 4th 2025	04 February 2025 February 4th 2025	KLINIK KIMIA FARMA 230 PANBIL

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

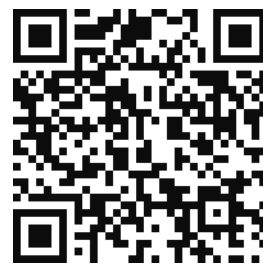
*Therefore, this letter is issued to be used properly.*

Batam, 04 February 2025

*Batam, February 4th 2025*



**dr NITA KARMILA**  
SIP: 503.440/045/429.111/2023



Scan Keaslian Dokumen  
*Scan to access original document*

**KLINIK KIMIA FARMA 230 PANBIL**

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