

**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 L**

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:*

<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 <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*

 **kimia farma**  
Laboratorium & Klinik  
*dr Arief Fadhillah*

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



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