

SURAT KETERANGAN ISTIRAHAT
MEDICAL CERTIFICATE
No. 001960/GUL/KFD-SMT5/MC/IV/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 TEKNOLOGI**

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>	21 April 2025 <i>April 21st 2025</i>	21 April 2025 <i>April 21st 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, 21 April 2025
Batam, April 21st 2025

 **kimia farma**
Laboratorium & Klinik
dr. Tiopan Tarigan
SIP: 503.440/075/429.1112023



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