

SURAT KETERANGAN ISTIRAHAT
MEDICAL CERTIFICATE
No. 001977/BKG/KFD-SMT5/MC/X/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 : **WAGE DANANG LOBYANTO**

Tanggal Lahir
Date of Birth : **22 Oktober 1994 (31 thn)**

Instansi
Company : **PT DOUYEE ENTERPRISE**

No. Pegawai
Badge : **Sales Engineer**

Alamat
Address : **PERUMNAS SAGULUNG PERMAI G.01**

No Telep/HP
Phone Number : **082136576889**

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>	24 Oktober 2025 <i>October 24th 2025</i>	24 Oktober 2025 <i>October 24th 2025</i>	Klinik Kimia Farma 0137 - Sagulung

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, 24 Oktober 2025
BATAM, October 24th 2025

 **kimia farma**
Laboratorium & Klinik
Member of Biofarma Group
dr. Arief Fadhillah
031.II/001-516/SIP.TM/DPMPSTP-BTM/VI/2022



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