

SURAT KETERANGAN ISTIRAHAT
MEDICAL CERTIFICATE
No. 000875/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
Name : **JULIANSYAH**
Tanggal Lahir
Date Of Birth : **03 Oktober 1999 / October 3rd 1999**
Perusahaan
Company : **PT. VALEO AC INDONESIA (ISPA)**
No. Pegawai
Badge : **535499**
Alamat
Address : **MARINA**
No Telep/HP
Phone Number : **08984020707**

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>	27 February 2025 <i>February 27th 2025</i>	27 February 2025 <i>February 27th 2025</i>	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, 27 February 2025

Batam, February 27th 2025


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



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KLINIK KIMIA FARMA 230 PANBIL

Ruko Panbil Blok A No.5, Kabil, Kota Batam, Kepulauan Riau 29437 | P: 081274621900 E: 230panbil@suratsehat.com