

SURAT KETERANGAN ISTIRAHAT
MEDICAL CERTIFICATE

No. 102795/AVR/KFD-SMT5/MC/IX/2026

Yang bertanda tangan di bawah ini, dokter klinik kimia farma menerangkan bahwa :
The undersigned, a doctor at Kimia Farma Clinic, hereby declares that :

Nama : **SHANTY AGNES ANASTASIA SILALAH**
Name
Tanggal lahir : **15 January 2004 (22 thn)**
Date of birth
Perusahaan : **KANTOR NOTARIS PPAT MARIA MAGDALENA GINTING**
Company
No. Pegawai : -
Badge
Alamat : **PRIMA GARDEN BLOK I NO 11**
Address
No Telep/HP : **0895603517047**
Phone number
Diagnosa : **R50.9 - Fever, J00 - Common cold**
Diagnosis

Berdasarkan pemeriksaan medis yang dilakukan, yang bersangkutan diketahui menderita sakit,
dan memerlukan istirahat selama :

*Based on the medical examination conducted, the person is diagnosed with an illness and requires
a period medical leave for :*

Durasi <i>Duration</i>	Tanggal mulai <i>Start from</i>	Tanggal selesai <i>Until date</i>	Klinik <i>Health care facility</i>
1 Hari <i>1 Days</i>	14 September 2026 <i>September 14th 2026</i>	14 September 2026 <i>September 14th 2026</i>	KLINIK KIMIA FARMA 224 AVIARI

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

Therefore, this letter is issued to be used properly.

Batam, 14 September 2026
Batam, September 14th 2026



Dr. RAHMAT RIVAI
SIP: 503.440/040/429,111/2024



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