



MEDICAL FITNESS CERTIFICATE MEDICAL REPORT

(This document was adopted from Saipem company and used only for Saipem client/subcontractor)

MEDICAL FITNESS CERTIFICATE

issued in accordance with Oil & Gas UK Guidelines, Saipem Corporate Standards OPR-COR-HR-HLT-001-E, STD-COR-HLTCLI-001-I, IMO and STCW Guidelines on medical examination


Full name (in block letters)	Date of Birth	Occupation
ELICAHEN DIMA SAGALA	01-09-1998	INSPECTOR

This Health Certificate is valid until: 18 / 10 / 2023

- Fit
- Fit with prescriptions and/or restrictions
- Unfit
- offshore onshore
- permanent temporary for months
- permanent temporary for months

Specify prescriptions and/or restrictions

FIT TO WORK

ELICAHEN 

Applicant's signature in the Doctor's presence

Batam
Place

19 / 10 / 2022
Day, Month, Year



Doctor's stamp and signature
dr. REZGA AGNELA VALBETRI
Examining Physician

Employer must provide the personal protective equipment specific to the activity

1. PERSONAL ANAMNESIS

Name in full ELICOHEN DIMAS SAGOLA Date of Birth 01-07-1998 Sex M F
 Occupation Badge No. Blood Group A Rh

Please tick box <input type="checkbox"/>	Yes	No	Details if "yes" (including dates and duration and any other relevant information)
	<input type="checkbox"/>	<input type="checkbox"/>	
1. a) Are you at present under medical care or receiving treatment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b) Are you currently taking medication, prescribed or not, having injection, using an inhaler or have you recently done so, or are you on a special diet?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Have you ever suffered from:			
a) Fits, fainting, giddiness or any mental or nervous disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b) Asthma, bronchitis, pneumonia or any other lung disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c) Rheumatism, rheumatic fever, arthritis or any other disorder of joints and muscle?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d) Chest pain, shortness of breath, palpitation, high blood pressure or other disorders of the heart or circulation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e) Indigestion, peptic ulcer, diarrhoea, constipation or any intestinal complaint, hepatitis or other liver disorders, diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f) Kidney, bladder or other genito-urinary disorders?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g) Any injury, operation, physical defect or deformity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h) Any other illness not mentioned above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. a) Have you ever been a patient at a hospital, nursing home or special clinic?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b) Have you ever had any medical investigation carried out?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Have you ever had any form of sexually transmitted disease or is there anything about your lifestyle which could expose you to the risk of AIDS or AIDS related condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Female only: Have you ever had any gynaecological or obstetric problems?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you ever taken drugs other than prescribed by any doctor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. a) Non-smoker: Have you smoked in the past?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b) Smokers: How much do you smoke per day?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c) What is the average daily consumption of alcohol?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
			Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes <input type="checkbox"/> Number smoked <input type="checkbox"/>

2. FAMILY MEDICAL ANAMNESIS

	If living, age	State of health	If dead, age at death	Cause of death
Father	53	Fit		
Mother			46	
Brother / Sister	29	Fit		
Brother / Sister	18	Fit		
Brother / Sister	14	Fit		

I declare to the best of my knowledge and belief the answers to the above questions are true and complete. I confirm that I have checked and found correct any answers that are not in my handwriting. I grant permission to take samples of blood, saliva and/or urine in connection with this examination. I understand that this statement will be forwarded to the Company's Medical Department.

Applicant's Signature
(to be signed in the presence of Medical Examiner)



DATE 19/10/2022

3. SUMMARY OF MEDICAL HISTORY OF MR. /MRS. ELICOHEN DIMA SAGALA

Has the applicant ever had or has now any of the following? If yes, give details in the summary description.

Please, tick box, whether normal or not	<input type="checkbox"/>	Yes	No		Yes	No
1. Ear infection / Sinusitis / Vertigo	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Endocrine disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Nose, mouth or throat trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Hernia / Hydrocele / Piles / Fissures	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Color blindness / Loss of vision	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Fistula / Appendicitis / Varicocele	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Frequent headaches / Fainting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Malaria / Tropical Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Epilepsy / Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Skin disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Cancer or tumor	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Diabetes mellitus	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Allergy to foods / drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks:

4. MEDICAL EXAMINER'S REPORT

If you answer Yes to any of the following questions, please give full details with any ascertainable cause as applicable

Please tick box <input type="checkbox"/>		Yes	No	Details if "yes"	
8. Measurement & Physical Description					
a) Measurements (to be taken in indoor clothing)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Height: 166 cm	Weight: 79 Kg
b) Please describe general appearance and build:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BMI: 28.67 Kg/m ²	Waist Circumference: 91cm
c) Are there any signs of past or present over-indulgence in alcohol, tobacco, or irregular lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
d) Is there any enlargement of lymph nodes or thyroid gland?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
e) Are there any scars of material significance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
9. Cardio-vascular System & Blood pressure					
a) Does the heart appear to be enlarged? If "yes", do you consider this to be slight, moderate or marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Is there any irregularity of rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
c) Is there any abnormality in the arterial pulse?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
d) Are there any varicose veins?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bilateral Varicose Grade 1 183.9	
e) Blood Pressure: (please record opposite)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Systolic / Diastolic: 108 / 73	Pulse Rate: 73x / min
10. Respiratory System					
a) Is there any abnormality in the shape and development of the chest?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Are there any abnormal physical signs in the lungs?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
11. Genito / Urinary & Digestive System					
a) Is the urine test abnormal?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Is there any abnormal tenderness, enlargement or other palpable abnormality in abdomen?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
c) Is a hernia present	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
d) Is there any dental problem such as caries, recurrent gum and mouth infections, abscess etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
12. Nervous System					
a) Is there any sign of disease in the central nervous system?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Is there anything to suggest a tendency to psychiatric disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
13. Sense Organs					
a) Is there any affection of the eyes, ears, nose or tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Vision		Far Vision		Near Vision	
Uncorrected	OD 6/6 OS 6/6			OD J1 OS J1	Color Vision
Corrected	OD - OS -			OD - OS -	Adequate <input checked="" type="checkbox"/>
					Defective

Remarks:

5. EXAMINATION RESULTS AND REPORT

X-Ray, ECG, Audiogram and Blood Urine Laboratory Examination Report

All examination results are to be attached. Please, indicate your remarks in case of abnormal results

- 1. Chest X-Ray Report (****) Normal Limited
- 2. ECG Report Normal Resting ECG
- 3. Audiogram Report Normal
- 4. Spirometry Report Normal Lung Function
- 5. Digital Pulse Oximetry Report: 96%

6. Blood Examination Report (Please, attach the results of the following examinations and indicate here below the results)

1) Hemoglobin	15.7 gr/dl	10) MCV (*)	88.1 μm^3	19) HDL Cholesterol	56 mg/dl
2) RBC	$5.30 \times 10^6 / \text{mm}^3$	11) MCM (*)	29.6 pg	20) LDL Cholesterol	72 mg/dl
3) WBC	$6.6 \times 10^3 / \text{mm}^3$	12) MCHC (*)	33.6 gr/dl	21) Total Bilirubin	0.5 mg/dl
4) Neutrophils		13) Platelet	$265 \times 10^3 / \text{mm}^3$	22) Direct Bilirubin	0.2 mg/dl
5) Lymphocytes	25.1%	14) Reticulocyte (*)		23) AST (SGOT)	20 μL
6) Monocytes	8.6%	15) Glycemia	86 mg/dl	24) ALT (SGPT)	12 μL
7) Eosinophils		16) Blood Urea	20 mg/dl	25) Gamma GT	17 μL
8) Basophils		17) Total Cholesterol	138 mg/dl		
9) Hematocrit		18) Triglycerides	50 mg/dl		

7. Urine Examination Report (Physical, Chemical and Microscopy test results: Please attach the results of the following examinations and indicate here below the results). Please indicate abnormalities (if Any): pH: 6, SG: 1.010, Glucosia: (-), Protein: (-), Ketones: (-), Bilirubin: (-), Urobilinogen: (-), Nitrit: (-), Blood: (-), Leucocytes: (-)

8. Drugs (***), alcohol screening test Report (***). (Please attach the results of the following examinations and indicate here below the results)

1) Amphetamines	NEGATIVE	3) Cocaine	NEGATIVE	5) Methamphetamine	NEGATIVE	7) Alcohol	0.000%
2) Benzodiazepine	NEGATIVE	4) Marijuana	NEGATIVE	6) Opiates	NEGATIVE		

- 9. HIV Test (*)
- 10. Tine (Tuberculin test) (*)
- 11. HBsAg (**) HBsAb (**) HBcAb (**) HBeAg (**) HBeAb (**) HAVAb (**) HCVAb (**)
- 12. TPHA (*)
- 13. Stool examination (*)
- 14. Pharyngeal plug test (*)

(*) Only if specifically required (**) Only to the personnel who have never been vaccinated before or if specifically required

(***) Compulsory on pre-employment medical examinations and periodical examination for OFFSHORE and employees involve in Safety Sensitive Positions (SSP). For all other employees depend on circumstances, national and international legal requirements.

(****) Chest X-ray is required on the first examination. Afterwards, the examining physician has the discretion whether to perform it or not, based on physical examination, laboratory results, epidemiological situation and local laws and regulation in the country of origin or assignment.

6. OVERALL SUMMARY, ASSESSMENT AND RECOMMENDATIONS

The present Medical Certificate is valid until: 18-Oct-2023

I have examined Mr./Mrs. ELICOHEN DIMA SAGALA and found him/her (tick the box)

FIT for (onshore/offshore) duty UNFIT for duty Pending



DR. REZGA AGNELA VALBETRI
 Examining Doctor's Signature
 (Stamp, Signature, Name and address of the Physician)

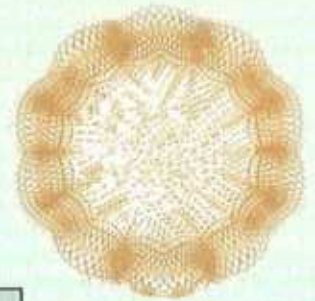
dr. REZGA AGNELA VALBETRI
 Examining Physician

Date: 19-Oct-2022



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EYE EXAMINATION REPORT

IDENTIFICATION OF APPLICANT

Applicant's Name : ELICOHEN DIMA SAGALA
DOB/Gender/Emp. ID: 1 April 1998 / Male / ISP 21266
Address : JL TIBAN II BLOK B1 NO 9, BATAM
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



Distant Vision Acuity (Snellen Chart)	Near Vision Acuity
Right Eye: 6/6 Without Glasses Left Eye : 6/6 Without Glasses	Right Eye : J1 Without Glasses Left Eye : J1 Without Glasses
Colour Vision (Ishihara's Test)	Normal
Visual Field Test (Confrontation Test)	-
Grey Test	-
Depth Test	-

<p>DR. REZGA AGNELA VALBETRI</p> <hr/> <p>Examiner's Name</p> <p>BATAM, 19 October 22</p> <hr/> <p>Place, Date of eye examination</p>	<p style="text-align: center;"></p> <hr/> <p>Examiner's Signature</p> <p style="text-align: center;"></p> <hr/> <p>Official Stamp of Medical Practitioner</p>
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Komplek Taman Niaga Sukajadi Blok J No. 3A-6 Jl. Ahmad Yani - Batam 29433
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E-mail: customercare@medilab-clinic.com, Website: www.medilab-clinic.com



HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00029/005/X/ISP/22

280

PERSONAL DATA

Name : ELICOHEN DIMA SAGALA
 Birthday/Gender/Emp. ID : 1 April 1998 / Male / ISP 21266
 Father's Name : POLMUDI SAGALA
 Address : JL TIBAN II BLOK B1 NO 9, BATAM
 Occupation : INSPEKTOR
 Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



MEDICAL HISTORY

	Yes	No		Yes	No		Yes	No
1. Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Allergic Rhinitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Bronchial Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Peptic Ulcer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Echolalia	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Bloody Cough	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Others	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CLINICAL EXAMINATION

		Yes/Abnormal	No/Normal			Yes/Abnormal	No/Normal
Weight	: 79 Kg			3. Cardiovascular System			
BMI	: 28.67			a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				Systolic / Diastolic	: 108 / 73 mm Hg		
				Pulse	: 73 / min		
1. Vision				b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>		c. Varicose Veins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(Should be at least 6/12 in both eyes with or without glasses)				4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Near Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>		5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
(Should be at least J2 in both eyes with or without glasses)				6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>		7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>		8. Endocrine disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>		9. Mental State	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
(Unable to hear ordinary conversation at 2 m)							

LABORATORY TEST

(Report Enclosed)

	Yes/Abnormal	No/Normal
1. Blood Count	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Urine Feme	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Other Laboratory Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>

OTHER TEST

(Report Enclosed)

	Yes/Abnormal	No/Normal
1. Audiometry	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Spirometry	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. ECG (if indicated)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Chest X-Ray	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks: Overweight BMI:28.67 E66, Bilateral Varicose Grade 1 I83.9, Waist Circumference: 91 cm, Oxygen Saturation: 96 %, Lab: HDL E78.4 56 mg/dl BHR, Anti HBS (-), Blood Count: ESR R70.0 20 mm/hr MIE, Monocytosis D72.821 8.6%, COVID-19 Antigen Rapid Test: Negative

CERTIFICATION

I certify that I have examined the abovenamed person. In my opinion, this person is FIT for duties mentioned above.

ADVICE :

Regular Exercise and Reduce Weight, Legs Exercise, Diet to Raise HDL Cholesterol

Authentic Signature



Date of Exam : 19 October 2022



DR. REZGA AGNELA VALBETRI



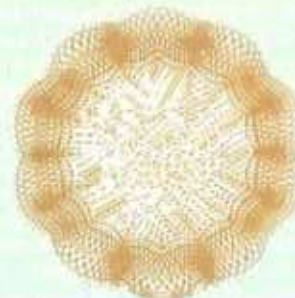
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PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA


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HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00029/005/X/ISP/22

280

PERSONAL DATA

Name : ELICOHEN DIMA SAGALA
Birthday/Gender/Emp. ID : 1 April 1998 / Male / ISP 21266
Father's Name : POLMUDI SAGALA
Address : JL TIBAN II BLOK B1 NO 9, BATAM
Occupation : INSPEKTOR
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



ELICOHEN DIMA

LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range	
HGB	15.7	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5
WBC	6.6	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0
RBC	5.30	10 ⁶ /mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2
ESR	*	20 mm/hr	M: 0 - 10	F: 0 - 20
HCT	46.6	%	M: 40 - 52	F: 35 - 47
PLT	265	10 ³ /mm ³	150 - 440	
MCV	88.1	µm ³	80 - 100	
MCH	29.6	pg	26 - 34	
MCHC	33.6	gr/dl	32 - 36	
Differential Count				
- LYM	25.1	%	25 - 40	
- MON	*	8.6 %	2 - 8	
- GRA	66.3	%	43 - 76	

URINE FEME

Macroscopy	Result	Microscopy	Result
- pH	6	- WBC/HPF	Occ/HPF
- Specific Gravity	1.010	- RBC/HPF	Nil/HPF
- Glucossa	Negative	- Epithel Cell	Nil
- Protein	Negative	- Crystals	Nil
- Ketones	Negative	- Cast	Nil/HPF
- Bilirubin	Negative		
- Urobilinogen	Normal		
- Nitrit	Negative		
- Blood	Negative		
- Leucocytes	Negative		

X-RAY REPORT

Chest PA:

Show no Abnormalitis.

There is no evidence of pulmonary tuberculosis or other pulmonary,pleural or mediastinal lesions.

The size,shape and position of the heart are within limits of normal variations.

Bony structures of the thorax show no abnormalities.

Date of Exam : 19 October 2022



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ELICOHEN DIMA

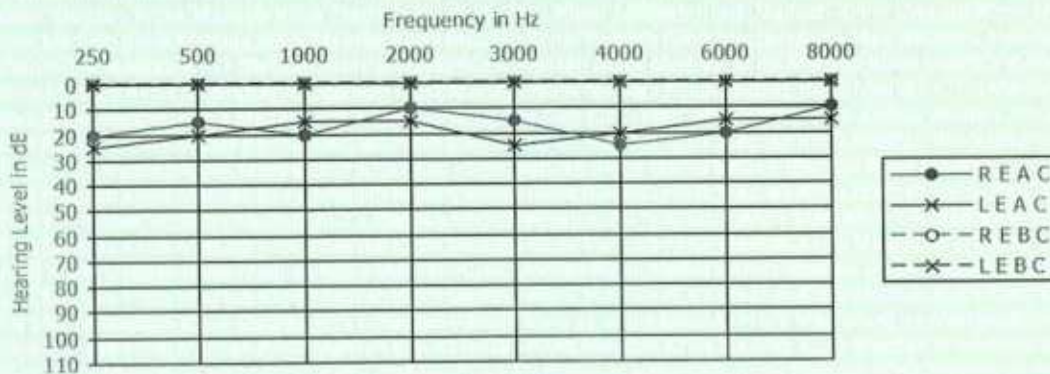
AUDIOMETRY REPORT

Occupational History

	Yes	No
- Noisy Working Environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Present/use of Hearing Protector	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Period of Working	2.0 years	

Medical History/Examination

	Yes	No	If Yes, which ear	Left	Right
- Ear Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Head/Ear Injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Ears Infection	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Ear Drum Perforation	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Ear Cerumen	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>



Conclusion :

- Audiogram : Normal
- Hearing Impairment : Monaural : R : -11.25 %
L : -9.38 %
Hearing Handicap : -10.938 %
- Not a Noise Induced Hearing Loss

Date of Exam : 19 October 2022



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ELICOHEN DIMA

PULMONARY FUNCTION TEST

Occupation History

	Yes	No
- Dusty Working Environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Present/use of Protective Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Period of Working	2.0 years	

Medical History

	Yes	No	If Yes, when
- Lung Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
- Breathlessness/Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
- Coughed Up Blood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

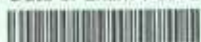
	BEST VALUES		
	Pred.	MEASURED	%Pred
FVC	4.57	4.85	106
FEV1	3.92	4.00	102
FEV1/FVC	82.7	82.4	100
PEF	9.27	9.15	99
FEF2575	4.85	4.03	83

PARAMETER		Pred.	PRE#1	%Pred	PRE#2	PRE#3
FVC	L	4.57	4.85	106	4.83	4.63
FEV1	L	3.92	3.99	102	4.00	3.71
FEV1/FVC	%	82.7	82.3	100	82.8	80.1

FVC Normal Value : 3.836
 FEV1 Normal Value : 3.332
 FEV1/FVC % Normal Value : 88 %
 FVC % Predicted Value : 126 %
 FEV1 % Predicted Value : 120 %
 FEV1/FVC % Predicted Value : 93 %

Interpretation : Normal Spirometri

Date of Exam : 19 October 2022



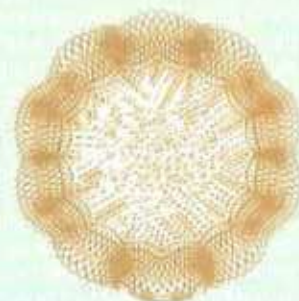
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Predicted Value based on Indonesian Pneumobile Project, Reference spirometric values of healthy Indonesian schoolchildren and working adults using equipment and methods that meet American thoracic Society (ATS) 1987 recommendations, 1993



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HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00029/005/X/ISP/22

280

PERSONAL DATA

Name : ELICOHEN DIMA SAGALA
 Birthday/Gender/Emp. ID : 1 April 1998 / Male / ISP 21266
 Father's Name : POLMUDI SAGALA
 Address : JL TIBAN II BLOK B1 NO 9, BATAM
 Occupation : INSPEKTOR
 Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



ELICOHEN DIMA

LABORATORY REPORT

Test Name	Result Unit	Reference Range
LIVER FUNCTION TEST		
Total Bilirubin	0.5 mg/dl	0.3 - 1.1
Direct Bilirubin	0.2 mg/dl	0.1 - 0.4
Indirect Bilirubin	0.3 mg/dl	0.2 - 0.7
SGOT	20 U/L	M: <= 35 F: <= 31
SGPT	12 U/L	M: <= 45 F: <= 34
Gamma GT	17 U/L	M: <= 49 F: <= 32
LIPID PROFILE TEST		
Total Cholesterol	138 mg/dl	<= 200
HDL - Cholesterol	56 mg/dl	M: > 35 F: > 45
LDL - Cholesterol	72 mg/dl	50 - 140
Triglycerida	50 mg/dl	<= 204
Ratio Cholesterol (Total Chol : HDL)	2.5	M: < 3.4 F: < 3.3
BLOOD SUGAR TEST		
Nuchter	86 mg/dl	< 100
RENAL FUNCTION TEST		
Ureum	20 mg/dl	17 - 43
KUN	9.3 mg/dl	8 - 22
SEROLOGI		
TPHA	Non Reactive	Non Reactive
HBsAg	Negative	Negative
Anti HBs	Negative	
Urine		
Cannabinoid/THC	Negative	Negative
Methamphetamine	Negative	Negative
Opiates/Morphine	Negative	Negative
Cocain	Negative	Negative
Amphetamine	Negative	Negative
Benzodiazepine	Negative	Negative
COVID-19 IgG/ IgM Rapid Test		
SARS-CoV-2 Antigen	Negative	Negative
OTHERS		
Breath Alcohol Test	0.000 %BAC	< 0.02 %BAC is negative

Date of Exam : 19 October 2022



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M•KLINIK MEDILAB

PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA


Komplek Taman Niaga Sukajadi Blok J No. 3A-6 Jl. Ahmad Yani - Batam 29433
Telp: (0778) 7372022, 7372023, 0811 770 1188, 0811 770 1199. Fax: (0778) 7372024
E-mail: customercare@medilab-clinic.com, Website: www.medilab-clinic.com



HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
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PERSONAL DATA

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ELICOHEN DIMA

LABORATORY REPORT

st Name	Result Unit	Reference Range
		>= 0.02-0.039 %BAC: cannot perform safety sensitive function >= 0.04 %BAC is a violation of rule

Date of Exam : 19 October 2022



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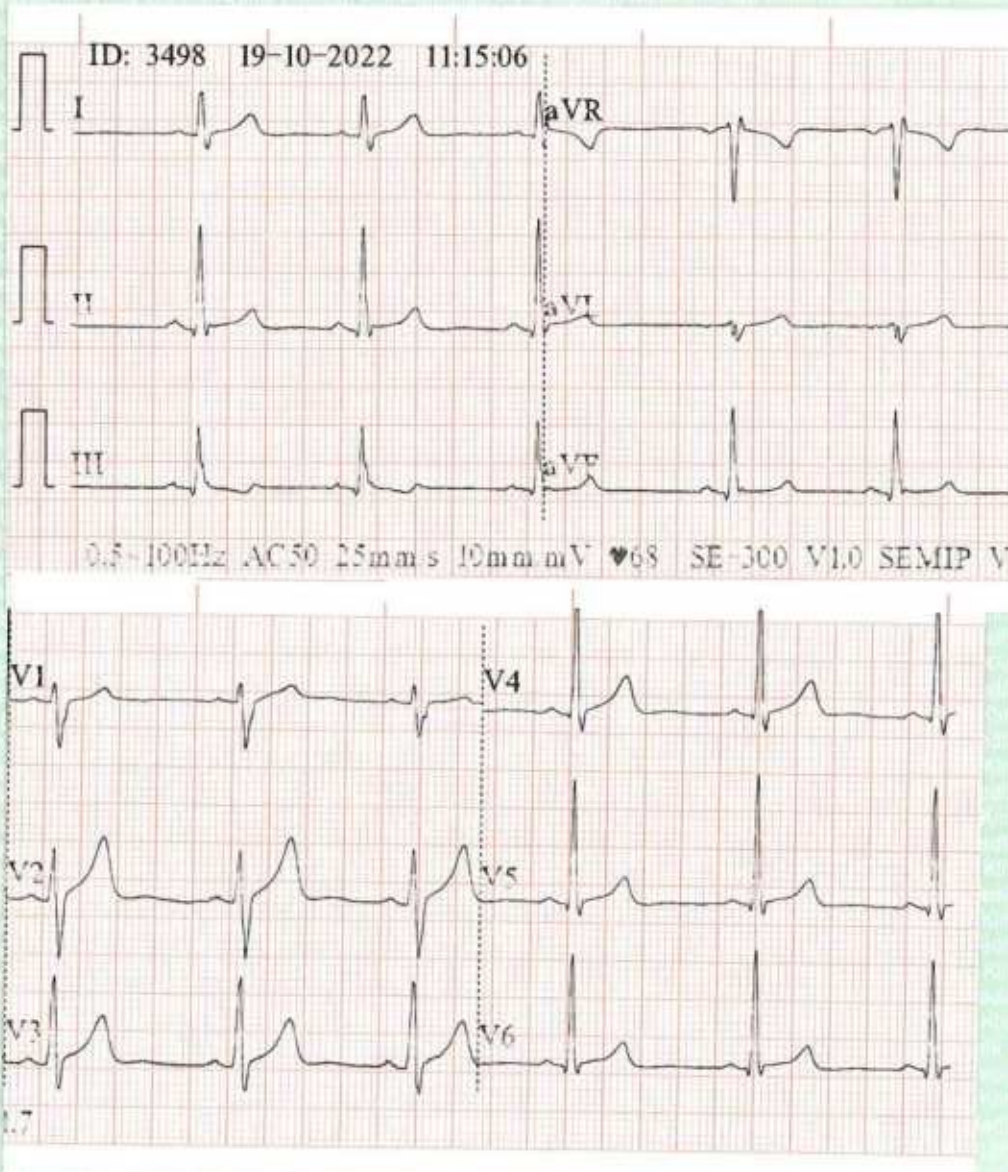


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ELECTROCARDIOGRAM INTERPRETATION (RESTING)

Name : ELICOHEN DIMA SAGALA
Age : 24 Years
Gender : Male
Place/Date : BATAM/19 October 2022
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



CONCLUSION : Normal Resting ECG
ADVICE :
EXAMINER :



dr. Tisyarna BR. Dalimunthe
007.1.007-3/V/SIP.TM/DPNPTSP-BTN/VIII/2020

OVERWEIGHT DAN OBESE

Kemendes RI

CEGAH DENGAN MELAKUKAN POLA HIDUP SEHAT

Overweight adalah berat badan yang melebihi berat badan normal.

Body Mass Index (BMI) $\geq 25 \text{ Kg/m}^2$



Obese adalah kelebihan akumulasi lemak dalam tubuh.

Body Mass Index (BMI) $\geq 30 \text{ Kg/m}^2$

World Health Organization (WHO)

Cara Mengatasi :

1. Mengurangi porsi makan dari biasanya, perbanyak makan buah dan sayur serta kacang-kacangan.
2. Mengurangi penggunaan minyak dan santan, dianjurkan masak dengan cara dikukus, direbus atau dipanggang.
3. Mengurangi makanan dan minuman yang manis.
4. Mengurangi penggunaan garam dan makanan yang diawetkan, diasinkan dan dikemas dalam kaleng.
5. Hindari susu tinggi lemak, minumlah susu yang rendah lemak.
6. Meningkatkan konsumsi makan ikan segar.
7. Melakukan aktivitas fisik minimal 30 menit setiap hari. Kegiatan ini dapat dilakukan dimana saja dan kapan saja seperti berjalan kaki, bersepeda, membersihkan rumah dan kebun, mencuci motor/mobil.

Cara Mencegah :

1. Makan dengan gizi seimbang
*Jumlah dan jenis makanan sesuai kebutuhan
*Jadwal makan teratur
2. Aktifitas Fisik minimal 30 menit setiap hari
3. Timbang berat badan secara teratur



