



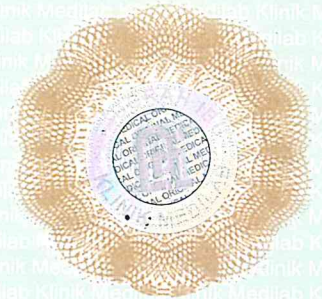
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PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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

Preemployment Physical Examination

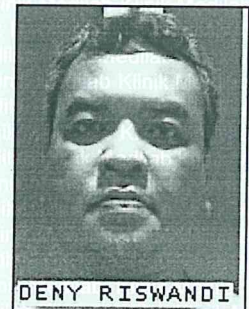
154

CONFIDENTIAL

No. Medical Record : 
00010/010/I/ISP/21

PERSONAL DATA

Name : DENY RISWANDI
Birthday/Gender/Emp. ID : 1 September 1976 / Male /
Father's Name : JAMARIS ANWAR
Address : BSI CLUSTER KERINICI BLOK A NO 28, BATAM
Occupation : SUPERVISOR
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



DENY RISWANDI

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

Weight : 84 Kg	Height : 167 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 30.11		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Systolic / Diastolic : 131 / 87 mm Hg		
1. Vision	Yes/Abnormal	No/Normal		
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(Should be at least 6/12 in both eyes with or without glasses)				
b. Near Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(Should be at least J2 in both eyes with or without glasses)				
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(Unable to hear ordinary conversation at 2 m)				
		b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		c. Varicose Veins	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		8. Endocrine disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		9. Mental State	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Pulse : 83 / min		

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 checked="" type="checkbox"/>	<input type="checkbox"/>

OTHER TEST

(Report Enclosed)

	Yes/Abnormal	No/Normal
1. Audiometri	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Spirometri	<input checked="" 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: Obese E66, Myopia H52.1 R:6/9, L:6/7.5 MIM, Visual Field Test: Normal, Hernia Screening Test: No Abnormality, Romberg Test: Negative, Waist Circumference: 101 cm, Lab: SGOT R74.9 44 U/L MIE, SGPT R74.9 52 U/L MIE, GGT R74.9 75 U/L MIE, Total Cholesterol E78.0 217 mg/dl BHR, HDL E78.4 43 mg/dl BHR, Cholesterol Ratio E78 5.0 AR, Nuchter: Pre-Diabetes R73.01 115 mg/dl, 2 Hours PP: Diabetes R73.02 208 mg/dl, Urea R79.89 16 mg/dl, Creatinine R79.89 0.7 mg/dl, BUN R79.89 7.5 mg/dl, Blood Count: ESR R70.0 27 mm/hr MIE

CERTIFICATION

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

ADVICE :

Regular Exercise and Reduce Weight, Wear Glasses, Take Enough Rest & Consume Curcuma, Low Fat Diet, Consume Medicine Regularly, Control Routine to Internist

*NOTE: RECOMMENDATION FROM INTERNIST IS ATTACHED

Authentic Signature

Date of Exam : 21 January 2021



DR. REZGA AGNELA VALBETRI

Attachment Internist -1

<h2 style="margin: 0;">CONSULT LETTER</h2> <p style="margin: 0;">(Surat Konsul)</p>	CL#9 Rev: 00
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Dear dr....., thank you for referring me your patient:
 (Kepada teman sejawat dr....., terima kasih sudah merujuk pasien sejawat)

Name <i>(Nama)</i>	DENY RISWANDI	Occupation <i>(Pekerjaan)</i>	SUPERVISOR
Age <i>(Usia)</i>	44 YO	For <i>(Selama)</i>	----- years(tahun)
Gender <i>(Jenis kelamin)</i>	MALE	Reason for Referral <i>(Alasan Merujuk)</i>	Lab: 2 Hours PP: Diabetes R73.02 208 mg/dl

On General Examination Today (Pemeriksaan Umum):

TD = 140/90 SpO2 99 N 78.

Laboratory Test (Pemeriksaan Laboratorium):

GDP ; 115 50PP:208

Laboratory or Other Test (if needed) / (Pemeriksaan Lainnya):

Diagnose (Diagnosa):

Pre Diabetes

Treatment/Procedure (Pengobatan/Tindakan):

metformin Aspilet.

(If there is a medicine given, is there any side effect of medication?)(Jika ada pengobatan yang diberikan, apakah ada efek samping dari pengobatan tersebut?)

Suggestion (Saran): Atur jenis makanan ; olahraga ; MCU berkala.

Fit to work for duty mentioned above

(Are there any effects on the patient's ability to carry out their normal assigned tasks?)

(Apakah ada efek terhadap kemampuan pasien untuk melakukan tugas sesuai pekerjaannya?)

Batam, ...25...01...2021

Yours Sincerely,

(Salam Sejawat)





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
DENY RISWANDI	01-09-1976	SUPERVISOR

This Health Certificate is valid until: 20/11/2022

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

Specify prescriptions and/or restrictions

FIT WITH NOTE

Applicant's signature in the Doctor's presence

Batam
Place

21/11/2021
Day, Month, Year



Komplek Taman Niaga Suka Jadi Blok J No. 3A-6 Batam
Telp: 7372021, 7372023 Fax: 0778-7372024

dr. Rezga Agnela
Examining Physician

Employer must provide the personal protective equipment specific to the activity

1. PERSONAL ANAMNESIS

Name in full DENY RISWANDI	Date of Birth 01/09/76	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Occupation <input type="text"/>	Badge No. <input type="text"/>	Blood Group <input type="text"/> Rh <input type="text"/>

Please tick box <input type="checkbox"/>	Yes	No	Details if "yes" (including dates and duration and any other relevant information)
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 checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
b) Smokers: How much do you smoke per day?	<input type="text"/>	<input type="text"/>	Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes <input type="checkbox"/> Number smoked 7
c) What is the average daily consumption of alcohol?	<input type="text"/>	<input type="text"/>	

2. FAMILY MEDICAL ANAMNESIS

	If living, age	State of health	If dead, age at death	Cause of death
Father			65th	Sick
Mother	60th	Health		
Brother Sister	39th	Health		
Brother / Sister	37th	Health		
Brother Sister	35th	Health		

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 **21 / 1 / 2024**

3. SUMMARY OF MEDICAL HISTORY MR. /MRS. DENY RISWANDI

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				Height: 167 cm Weight: 84 Kg	
a) Measurements (to be taken in indoor clothing)				BMI: 30.11 Kg/m ² Waist Circumference: 101 cm	
b) Please describe general appearance and build:					
c) Are there any signs of past or present over-indulgence in alcohol, tobacco, or irregular lifestyle		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
d) Is there any enlargement of lymph nodes or thyroid gland?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
e) Are there any scars of material significance?		<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 checked="" type="checkbox"/>		
b) Is there any irregularity of rhythm?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
c) Is there any abnormality in the arterial pulse?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
d) Are there any varicose veins?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
e) Blood Pressure: (please record opposite)		⇒		Systolic / Diastolic: 131 / 87	Pulse Rate: 83x/mnt
10. Respiratory System					
a) Is there any abnormality in the shape and development of the chest?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Are there any abnormal physical signs in the lungs?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
11. Genito / Urinary & Digestive System					
a) Is the urine test abnormal?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Is there any abnormal tenderness, enlargement or other palpable abnormality in abdomen?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
c) Is a hernia present		<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 checked="" type="checkbox"/>		
12. Nervous System					
a) Is there any sign of disease in the central nervous system?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Is there anything to suggest a tendency to psychiatric disorder?		<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 checked="" type="checkbox"/>		
Vision		Near Vision		Color Vision	
Uncorrected	Far Vision OD <u>6/9</u> OS <u>6/7.5</u>	OD <u>-</u>	OS <u>-</u>	Adequate	<input checked="" type="checkbox"/>
Corrected	OD <u>-</u> OS <u>-</u>	OD <u>J2</u>	OS <u>J2</u>	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	-

5. Blood Examination Report (Please, attach the results of the following examinations or indicate here below the results):

1) Hemoglobin	16.1 gr/dl	10) MCV (*)	19) HDL Cholesterol	43 mg/dl	
2) RBC	5.26 x 10 ⁶ /mm ³	11) MCM (*)	20) LDL Cholesterol	132 mg/dl	
3) ESR	27 mm/hr	12) MCHC (*)	21) Triglycerides	212 mg/dl	
4) WBC	7.3 x 10 ³ /mm ³	13) Platelet	22) Total Bilirubine	0.8 mg/dl	
5) Neutrophils		236x 10 ³ /mm ³	23) Direct Bilirubin	0.4 mg/dl	
6) Lymphocytes	26.7 %	14) Reticulocyte (*)	24) AlkalinePhosphatase	45 u/L	
7) Monocytes	5.9 %	15) Hematocrit	45.4 %	25) AST (SGOT)	44 u/L
8) Eosinophils		16) Glycemia	115 mg/dl	26) ALT (SGPT)	52 u/L
9) Basophils		17) Blood Urea	-	27) Gamma GT	75 u/L
		18) Total Cholesterol	217 mg/dl		

6. Urine Examination Report (Physical, Chemical and Microscopy test results: Please attach the results of the following examinations or indicate here below the results). Please indicate abnormalities (if Any):pH: 5, SG: 1.015, Glucossa: (-), Protein: (-), Ketones: (-), Bilirubin: (-), Urobilinogen: (-), Nitrit: (-), Blood: (-), Leucocytes: (-)

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

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

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

(*)Only if required (**) Only to the personnel who have never been vaccinated before or if expressly 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:20-Jan-2022

I have examined Mr./Mrs. DENY RISWANDI and found him/her (tick the box)

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

With Restriction Recommendation From Internist Is Attached



DR. REZGA AGNELA
Komplek Taman Marga Suka Bumi Blok D No. 13-16 Jakarta
Examining Doctor's Signature

(Stamp, Signature, Name and address of the Physician)

Date: 21-Jan-2021

Dr. Rezga Agnela
Examining Physician



REVIEW FORM MEDICAL CHECK UP

FILLED BY THE REQUESTOR

MCU Date

21/11/2024

- Pre employment Visitor Periodik Annual Others Post absence
 Project Jakarta Office Tangguh Operation
 BP Non BP /Contractor

Summary Examination

IDENTITY OF EMPLOYEE

Name	DENY RISWANDI	Gender	MALE
Nationality	INDONESIA	Date Of Birth	01-09-1976
Name of Company	ISP	Vantage Number	
Job Title	SUPERVISOR	Departemen	
Email address or Medical Certificate sent to : Monickmarions@cnpcc.com.cn / monickmarions@bpg.co.id			

THE LIST BELOW FILLED BY THE REVIEWER (BP DOCTOR)

HISTORY :

Smoker/non-smoker-

7 STICK / DAY

PHYSICAL EXAMINATION

BMI : 30.11 UN/N/OV (OB) BP: 131 / 87 (N) Gr.I/Gr.II

PEMERIKSAAN SPESIFIK:

Spirometri	Audiometri	Treadmill
NA	NORMAL	NEGATIVE ISCHEMIC RESPONSE

LABORATORIUM RESULT

HB : 16.1 gr/dl SGOT/SGPT : 44 / 52 U/L GDP : 115 mg / dl (N/D)
 Chol : 217 mg/dl HDL : 43 mg / dl LDL : 132 mg / dl TG : 212 mg / dl LP: N/M/Mod/S

Rontgen Thorax NORMAL ECG NORMAL RESTING ECG

OTHER EXAMINATIONS 2 HOURS PP : 208 mg / dl

SUMMARY : Recommendation FROM INTERNIST IS ATTACHED .

FIT WITH NOTE
 STATUS FITNESS

- Fit Fit With Restriction Temporary Unfit Unfit

Secara medis dinyatakan dapat bekerja untuk pekerjaan:

Medically suitable for task :

- | | | |
|---|--|--|
| <input type="checkbox"/> Remote Site Workers | <input type="checkbox"/> Heavy Equipment/ Crane Operator | <input type="checkbox"/> Visitors |
| <input type="checkbox"/> Fire/ Emergency Crew | <input type="checkbox"/> Medical Professional | <input type="checkbox"/> Aircraft Refueller |
| <input type="checkbox"/> Respiratory/SCBA User/Confined Space | <input type="checkbox"/> Work at Height | <input type="checkbox"/> Other Professional
(Pilots, Seafarer, Diver etc) |
| <input type="checkbox"/> Work in Extreme Temperature | <input type="checkbox"/> Food Handler | <input type="checkbox"/> Jakarta Office |
| <input type="checkbox"/> Professional Driver | <input type="checkbox"/> Shift worker | |

Attending Physician	
Signature	
Review Date (dd/mm/yyyy)	

Komplek Taman Niaga Suka Jodi Blok 3 No. 3A-6 Batam
 Tel : 0778- 7372022, 7372023 Fax : 0778- 7372024

Guided by OHN, Nurse or Paramedic

dr. Rezga Agnela
 Examining Physician

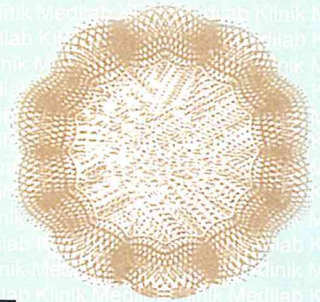


Management System
ISO 9001:2015
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PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

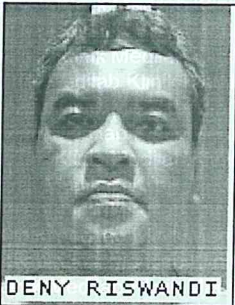
Komplek Taman Niaga Sukajadi Blok J No. 3A-6 Jl. Ahmad Yani - Batam 29433
Telp: (0778) 7372022, 7372023, 0811 770 1188, 0811 770 1199. Fax: (0778) 7372024
E-mail: customercare@medilab-clinic.com, Website: www.medilab-clinic.com



EYE EXAMINATION REPORT

IDENTIFICATION OF APPLICANT

Applicant's Name : DENY RISWANDI
DOB/Gender/Emp. ID: 1 September 1976 / Male /
Address : BSI CLUSTER KERINICI BLOK A NO 28, BATAM
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



DENY RISWANDI

Distant Vision Acuity (<i>Snellen Chart</i>)
Right Eye: 6/9 Without Glasses Left Eye : 6/7.5 Without Glasses

Near Vision Acuity
Right Eye : J5 Without Glasses Left Eye : J5 Without Glasses

Colour Vision (<i>Ishihara's Test</i>)	Normal
--	--------

Visual Field Test (<i>Confrontation Test</i>)	-
---	---

Grey Test	-
-----------	---

Depth Test	-
------------	---

DR. REZGA AGNELA VALBETRI

Examiner's Name

Examiner's Signature



BATAM, 21 January 21

Place, Date of eye examination

Official Stamp of Medical Practitioner



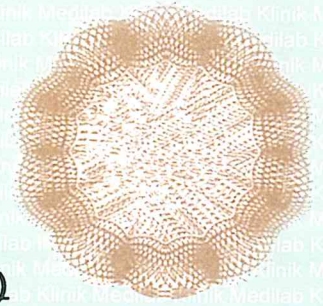
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PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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



TREADMILL (EXERCISE STRESS TEST REPORT)

CONFIDENTIAL

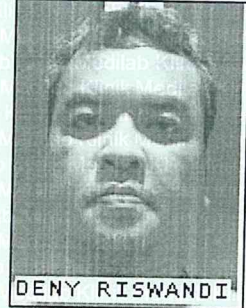
No. Medical Record : 

00010/010/I/ISP/21

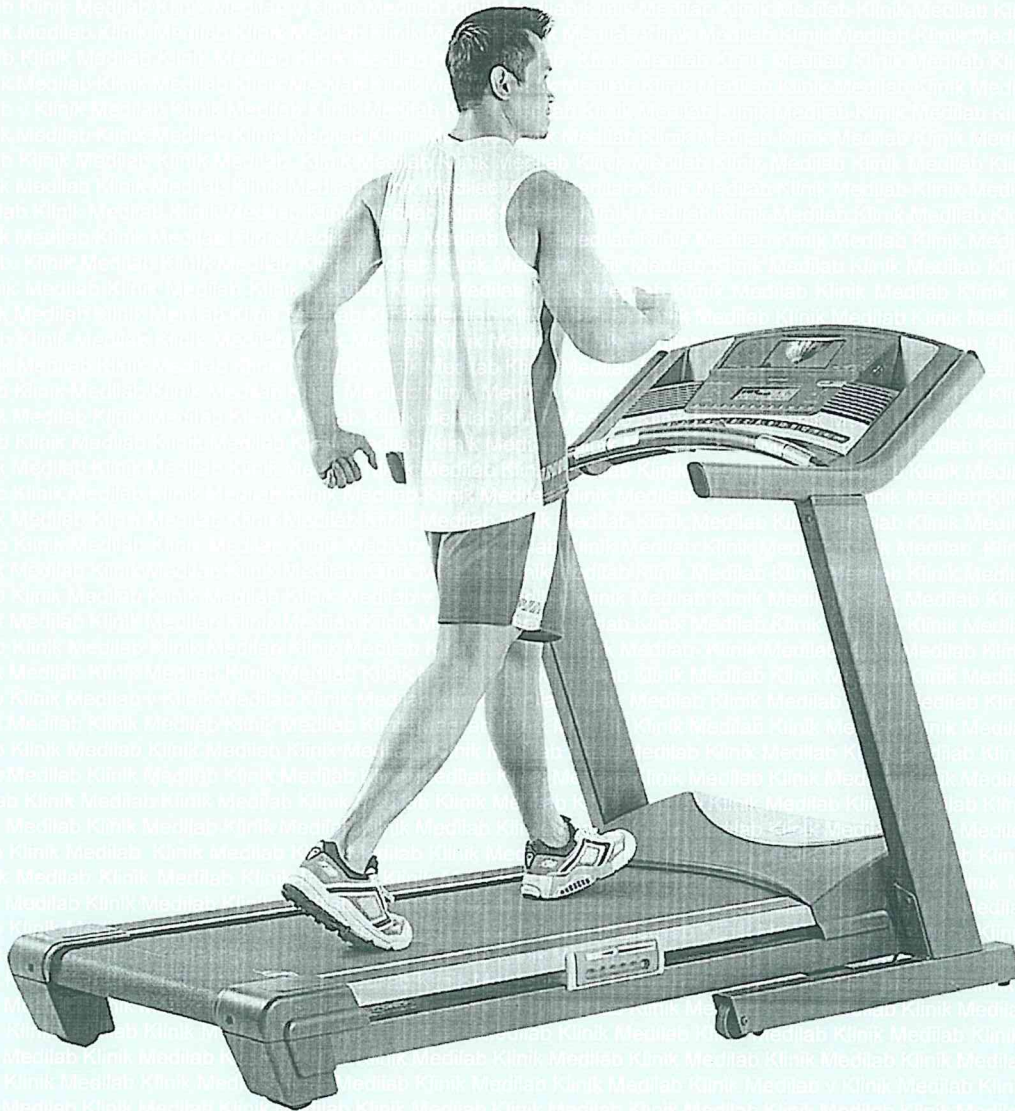
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PERSONAL DATA

Name : DENY RISWANDI
Age/Sex/Employee ID : 44 years / Male /
Father's Name : JAMARIS ANWAR
Address : BSI CLUSTER KERINICI BLOK A NO 28, BATAM
Occupation : SUPERVISOR
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



DENY RISWANDI



MEDILAB
 KOMPLEKS RUKO TAMAN NIAGA SUKA JADI
 BATAM

Station
 Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: DENY RISWANDI, TN
 Patient ID: 1/ISP
 Height: 167 cm
 Weight: 84 kg

DOB: 01.09.1976
 Age: 44yrs
 Gender: Male
 Race: Asian

Study Date: 21.01.2021
 Test Type: --
 Protocol: BRUCE

Referring Physician: --
 Attending Physician: --
 Technician: --

Medications:
 --

Medical History:
 --

Reason for Exercise Test:
 --

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	01:52	0.00	0.00	115	111/81	
	STANDING	00:04	0.00	0.00	117		
	HYPERV.	00:02	0.00	0.00	117		
	WARM-UP	00:33	1.60	0.00	116		
EXERCISE	STAGE 1	03:00	2.70	10.00	136	149/83	
	STAGE 2	03:00	4.00	12.00	151	154/84	
	STAGE 3	03:00	5.30	14.00	166		
	STAGE 4	00:04	6.80	16.00	160		
RECOVERY		00:59	2.40	0.00	166		

The patient exercised according to the BRUCE for 9:04 min:s, achieving a work level of Max. METS: 10.20. The resting heart rate of 114 bpm rose to a maximal heart rate of 184 bpm. This value represents 104 % of the maximal, age-predicted heart rate. The resting blood pressure of 111/81 mmHg, rose to a maximum blood pressure of 160/90 mmHg. The exercise test was stopped due to --.

Interpretation

Resting ECG :  Normal Resting ECG

Conclusions

Treadmill Exercise Test :

NEGATIVE ISCHEMIC RESPONSE
NORMAL RESPONSE HEMODYNAMIC
NO ARRHYTHMIA

Physician



Technician

Dr. Afdhalun Hakim, SpJP
 Sp. Jantung & Pembuluh Darah
 (Cardiologist)

Patient ID 1/ISP
 21.01.2021 Male 167 cm 84 kg
 16:24:56 44yrs Asian

Meds:

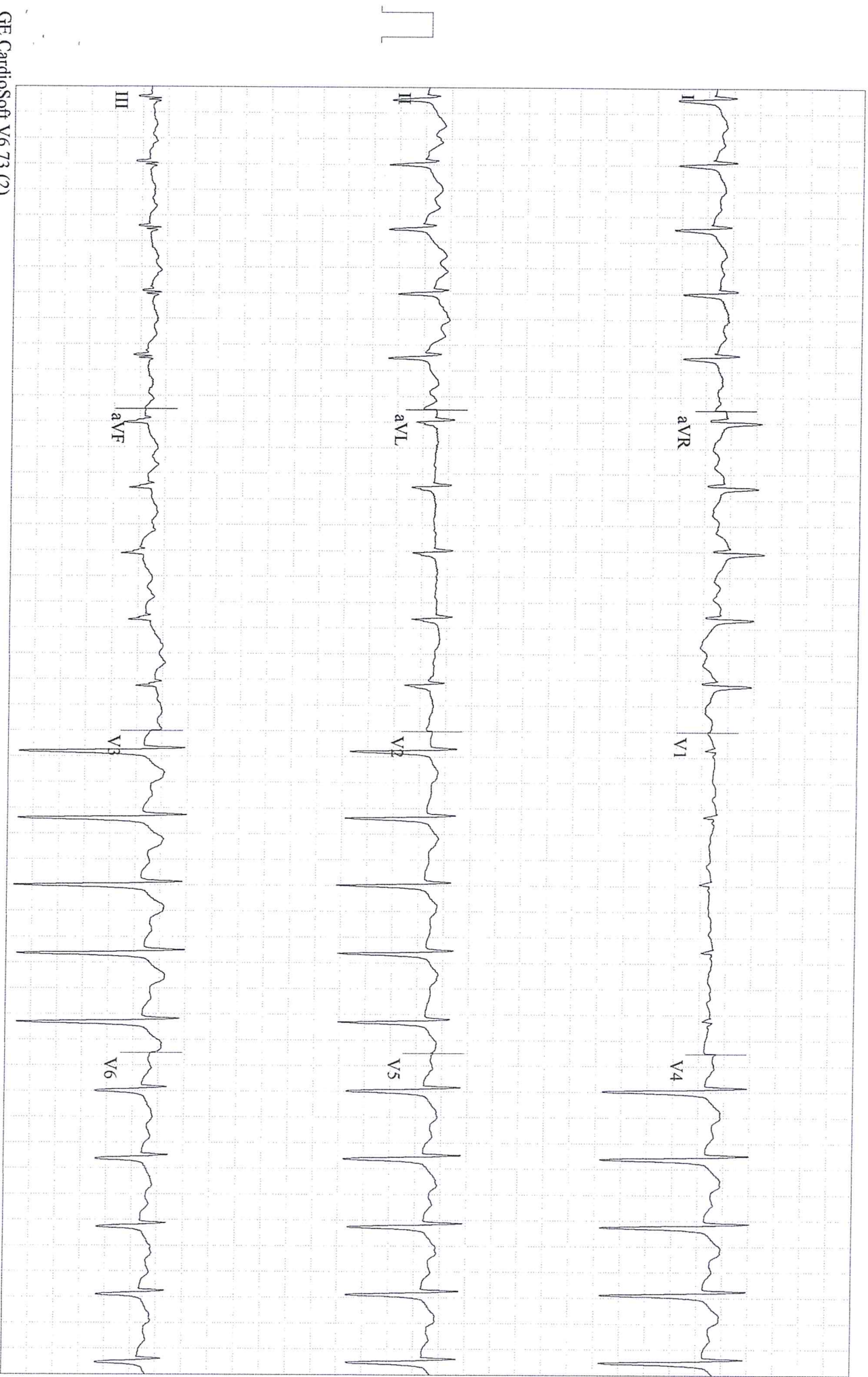
Test Reason:
 Medical History:

BRUCE: Total Exercise Time 09:04
 Max HR: 184 bpm 104% of max predicted 176 bpm HR at rest: 114
 Max BP: 160/90 mmHg BP at rest: 111/81 Max RPP: 23562 mmHg*bpm
 Maximum Workload: 10.20 METS
 Max. ST: 0.13 mV, 0.00 mV/s in V5; PRETEST SUPINE 01:51

Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

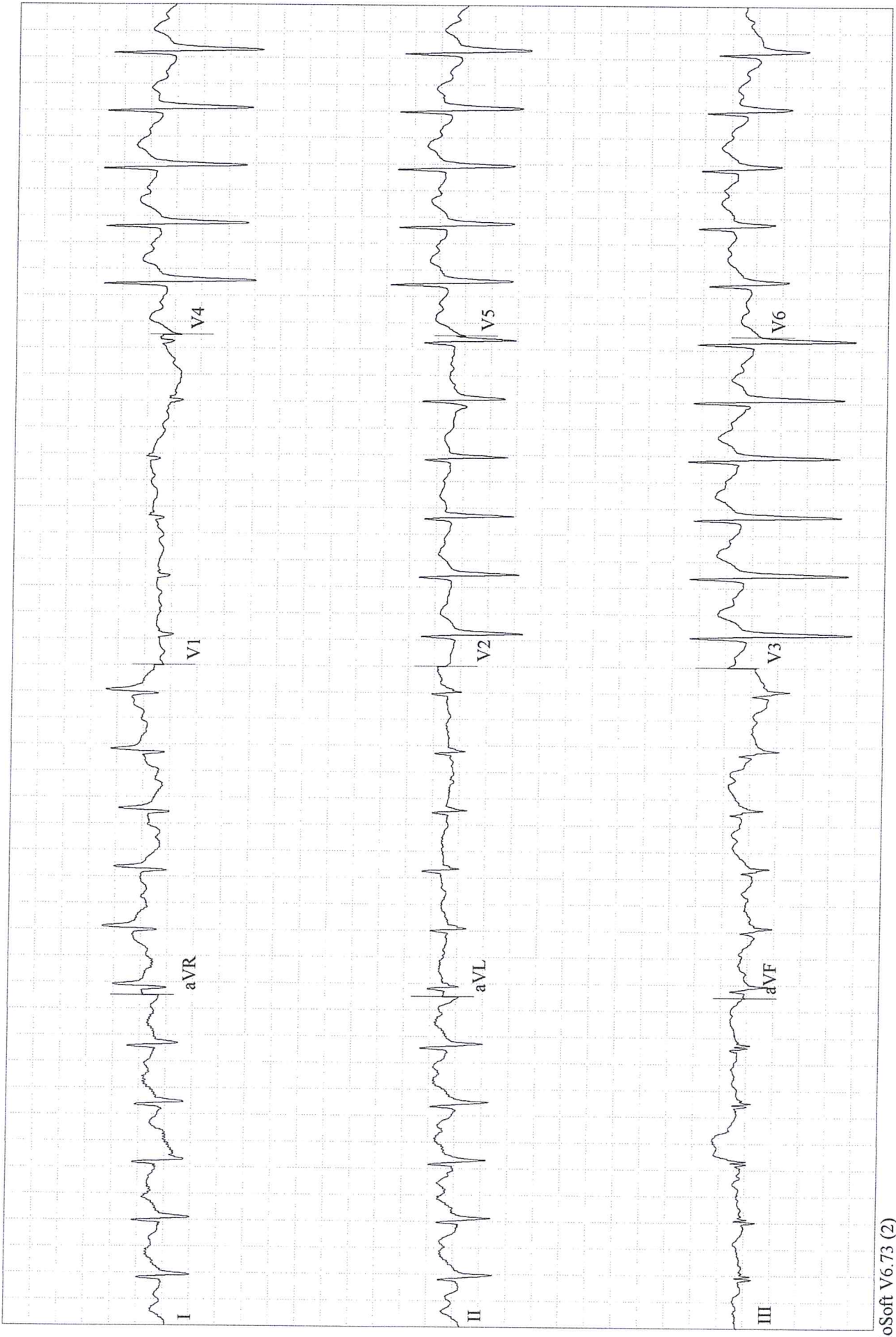
Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (V5 mV)	Comment
PRETEST	SUPINE	01:52	0.00	0.00	1.0	115	111/81	12765	0	0.14	
	STANDING	00:04	0.00	0.00	1.0	117			0	0.13	
	HYPERV.	00:02	0.00	0.00	1.0	117			0	0.14	
	WARM-UP	00:33	1.60	0.00	1.3	116			0	0.14	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	136	149/83	20264	0	0.19	
	STAGE 2	03:00	4.00	12.00	7.0	151	154/84	23254	0	0.26	
	STAGE 3	03:00	5.30	14.00	9.8	166			32	0.28	
	STAGE 4	00:04	6.80	16.00	9.9	160			35	0.29	
RECOVERY		00:59	2.40	0.00	2.3	166			3	0.54	

120 bpm
111/81 mmHg



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V3, V4)

Start of Test: 16:24:56



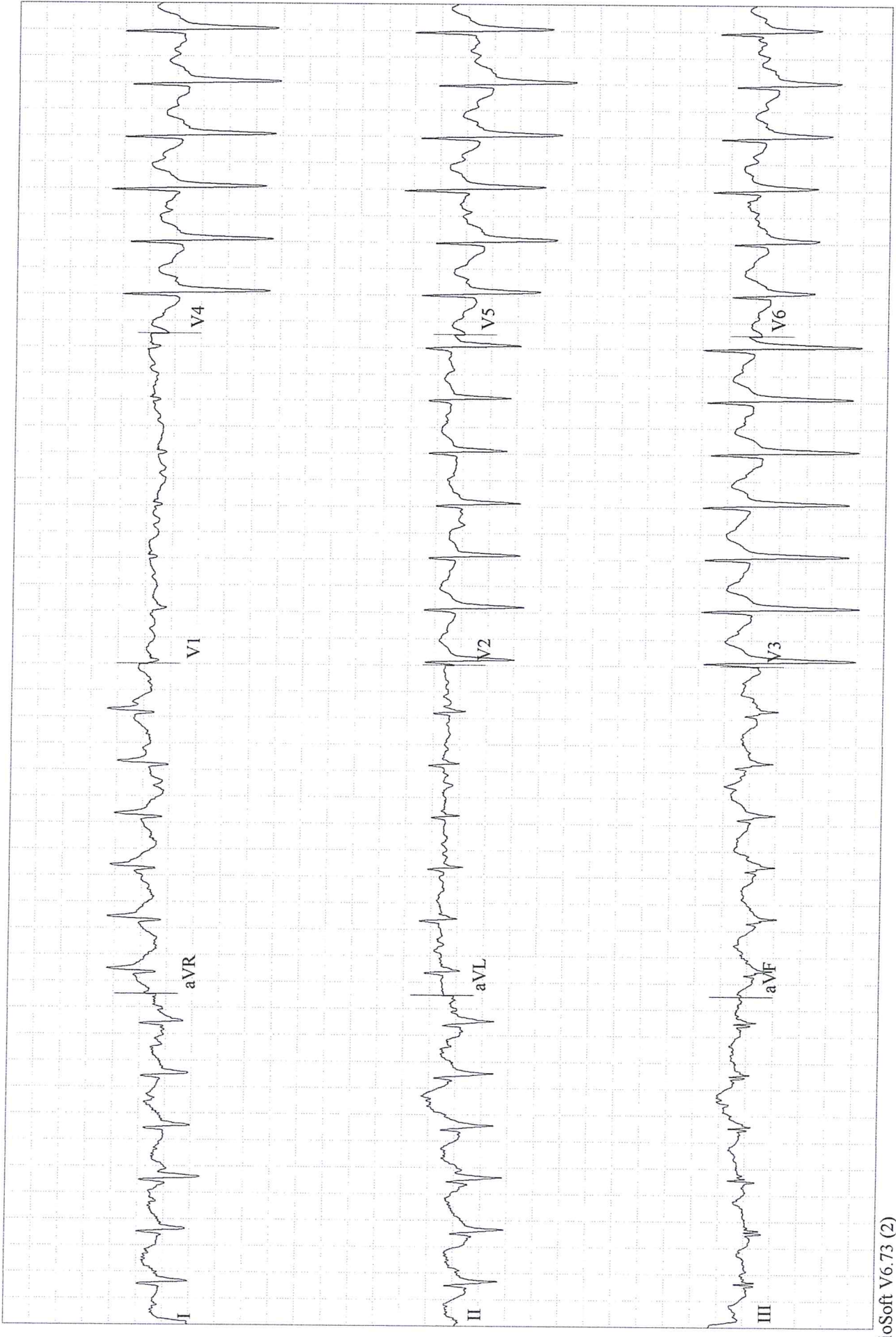
DENY KISWANDI, IN
Patient ID 1/ISP
21.01.2021
16:33:22

12-Lead report
EXERCISE
STAGE 2
05:50

MEDILAB

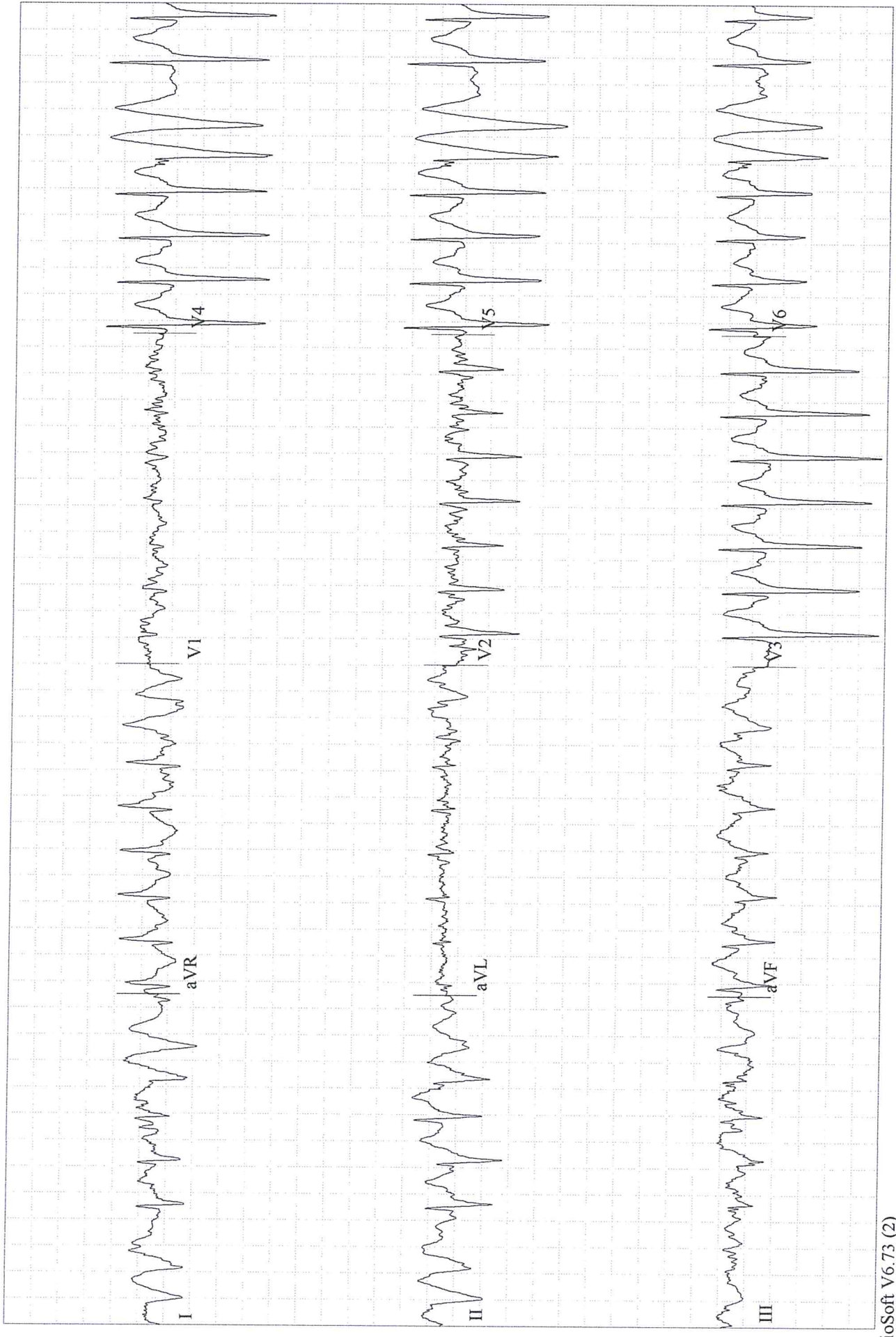
BRUCE
4.1 km/h
12.0 %

153 bpm
154/84 mmHg



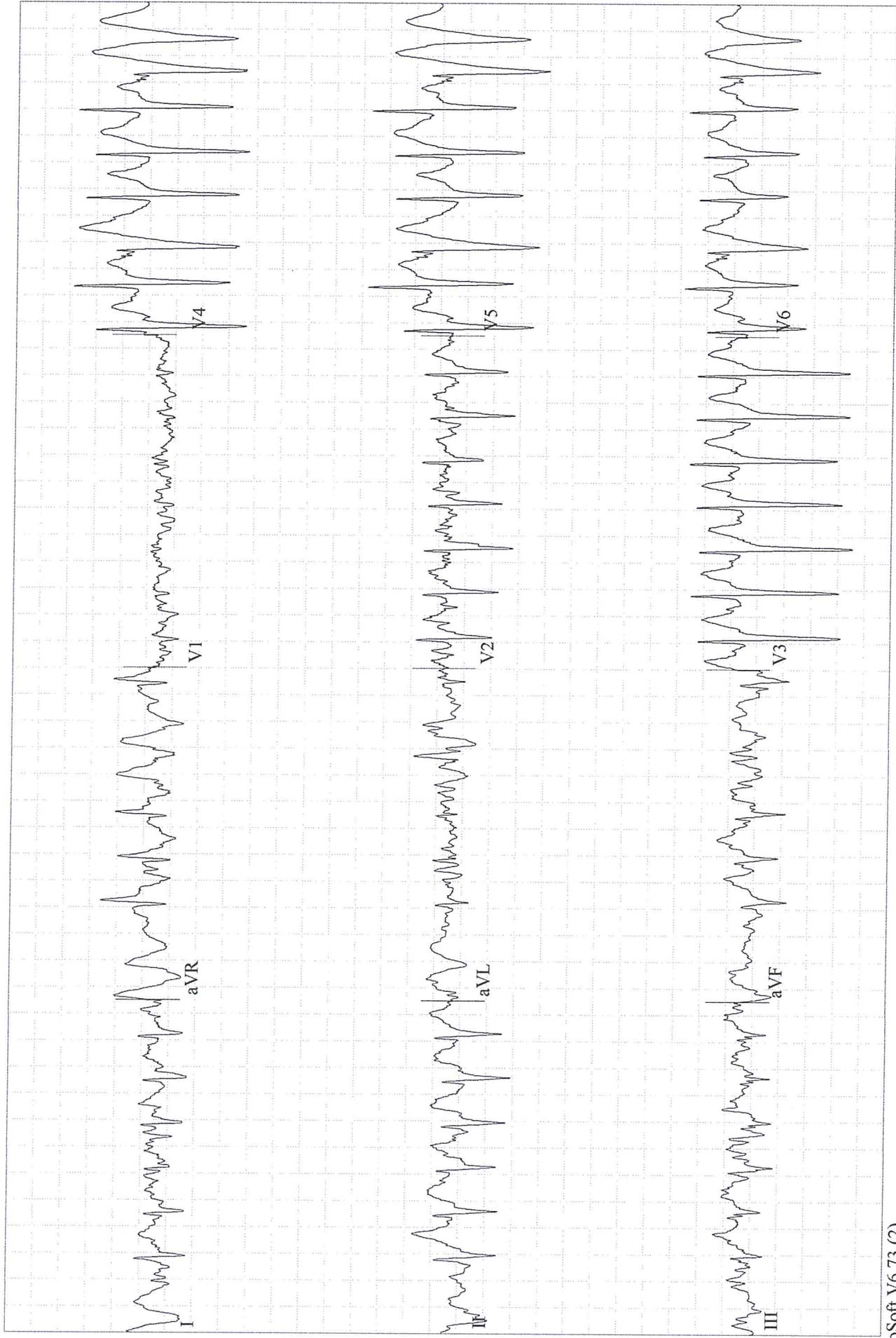
184 bpm

BRUCE
5.3 km/h
14.0 %



160 bpm
160/90 mmHg

BRUCE
6.8 km/h
16.0 %



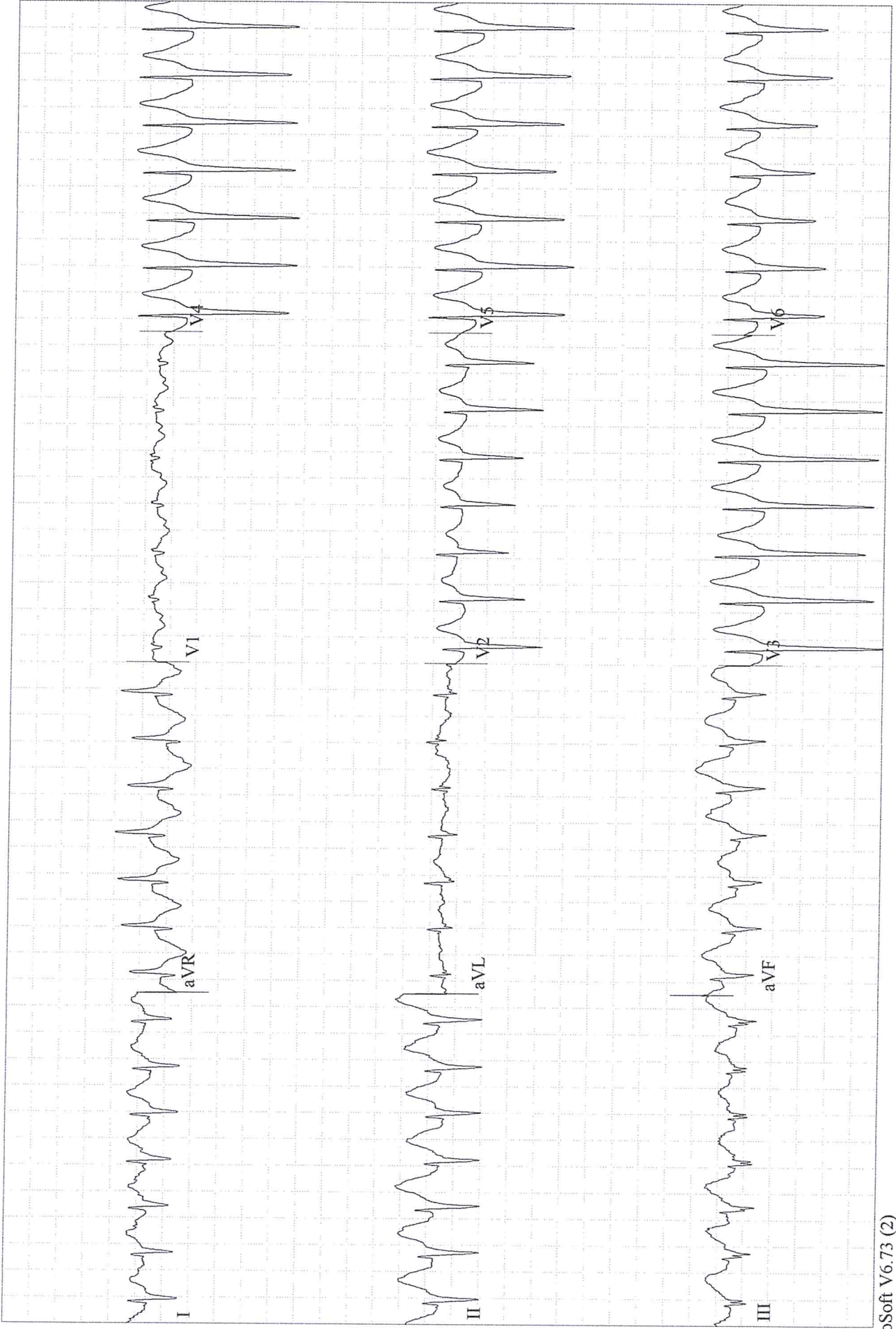
DENY KISWANDI, IN
Patient ID 1/ISP
21.01.2021
16:37:26

1.2-Leau report
RECOVERY
#1
00:50

MEDILAB

BRUCE
2.4 km/h
0.0 %

171 bpm
160/90 mmHg





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HEALTH SCREENING REPORT

Preemployment Physical Examination

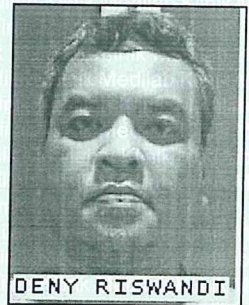
154

CONFIDENTIAL

No. Medical Record : 
00010/010/I/ISP/21

PERSONAL DATA

Name : DENY RISWANDI
 Birthday/Gender/Emp. ID : 1 September 1976 / Male /
 Father's Name : JAMARIS ANWAR
 Address : BSI CLUSTER KERINICI BLOK A NO 28, BATAM
 Occupation : SUPERVISOR
 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

Weight : 84 Kg	Height : 167 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 30.11		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Systolic / Diastolic : 131 / 87 mm Hg		
		Pulse : 83 / min		
1. Vision	Yes/Abnormal No/Normal	b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Distant Vision	<input type="checkbox"/> <input checked="" type="checkbox"/>	c. Varicose Veins	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/> <input 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 checked="" type="checkbox"/>	<input type="checkbox"/>

OTHER TEST

(Report Enclosed)

	Yes/Abnormal	No/Normal
1. Audiometri	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Spirometri	<input checked="" type="checkbox"/>	<input 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: Obese E66, Myopia H52.1 R:6/9, L:6/7.5 MIM, Hypermetropia H52.0 R:J5, L:J5, Visual Field Test: Normal, Hernia Screening Test: No Abnormality, Romberg Test: Negative, Waist Circumference: 101 cm, Lab: SGOT R74.9 44 U/L MIE, SGPT R74.9 52 U/L MIE, GGT R74.9 75 U/L MIE, Total Cholesterol E78.0 217 mg/dl BHR, HDL E78.4 43 mg/dl BHR, Cholesterol Ratio E78 5.0 AR, Nuchter: Pre-Diabetes R73.01 115 mg/dl, 2 Hours PP: Diabetes R73.02 208 mg/dl, Urea R79.89 16 mg/dl, Creatinine R79.89 0.7 mg/dl, BUN R79.89 7.5 mg/dl, Blood Count: ESR R70.0 27 mm/hr MIE

CERTIFICATION

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

ADVICE :

Regular Exercise and Reduce Weight, Wear Glasses, Take Enough Rest & Consume Curcuma, Low Fat Diet, Consultation to Internist

Authentic Signature

Date of Exam : 21 January 2021



DR. REZGA AGNELA VALBETRI

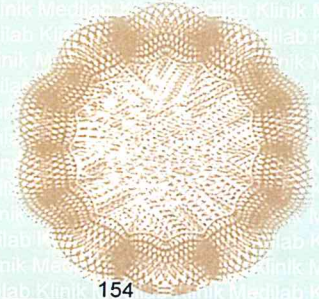


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HEALTH SCREENING REPORT

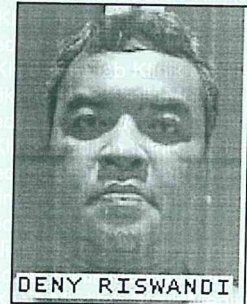
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CONFIDENTIAL

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DENY RISWANDI

LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range		
HGB	16.1	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5	
WBC	7.3	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0	
RBC	5.26	10 ⁶ /mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2	
ESR	*	27 mm/hr	M: 0 - 10	F: 0 - 20	
HCT	45.4	%	M: 40 - 52	F: 35 - 47	
PLT	236	10 ³ /mm ³	150 - 440		
Differential Count					
- LYM	26.7	%	25 - 40		
- MON	5.9	%	2 - 8		
- GRA	67.4	%	43 - 76		
Indicator of Infection					
- Neutrofil Lymphocyte Ratio (NLR)	2.52	%	> 3.13 Cautious	6 - 9 Suspicious	> 9 Perilous
- Absolute Lymphocyte Count (ALC)	1949	%	< 1500 Cautious	< 1100 Suspicious	< 500 Perilous

URINE FEME

Macroscopy	Result	Microscopy	Result
- pH	5	- WBC/HPF	Occ/HPF
- Specific Gravity	1.015	- RBC/HPF	Nil/HPF
- Glucosaa	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 : 21 January 2021



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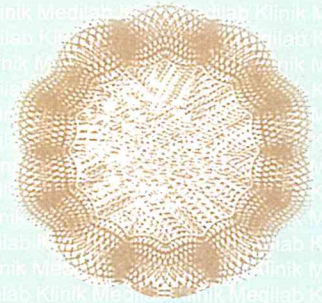


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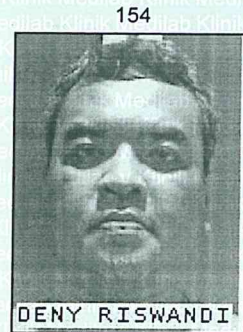
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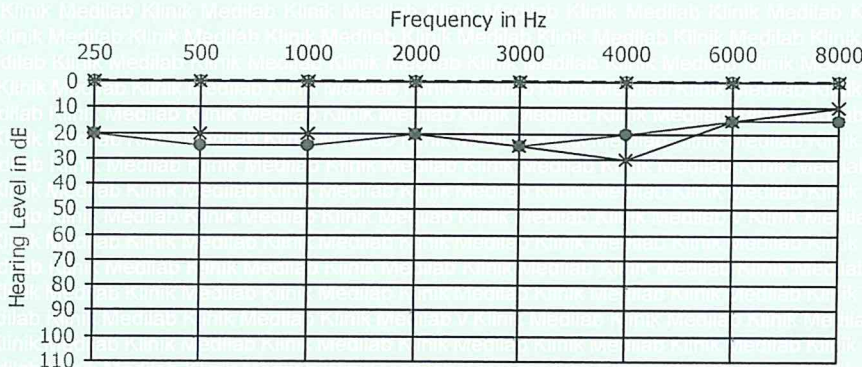
AUDIOMETRY REPORT

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	0.4 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"/>



Legend:
 ● REAC
 × LEAC
 ○ REBC
 × LEBE

Conclusion :

- Audiogram : Normal
- Hearing Impairment : Monaural : R : -4.88 %
L : -6.75 %
Hearing Handicap : -6.438 %
- Not a Noise Induced Hearing Loss

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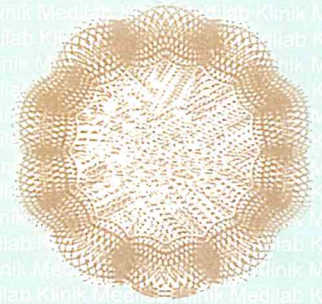


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HEALTH SCREENING REPORT

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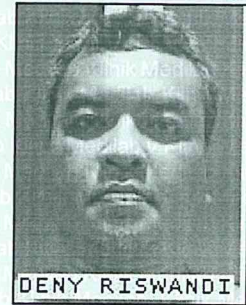
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DENY RISWANDI

LABORATORY REPORT

Test Name	Result Unit	Reference Range
LIVER FUNCTION TEST		
Total Bilirubin	: 0.8 mg/dl	0.3 - 1.1
Direct Bilirubin	: 0.4 mg/dl	0.1 - 0.4
Indirect Bilirubin	: 0.4 mg/dl	0.2 - 0.7
Alkaline Phosphatase	: 45 U/L	30 - 120
SGOT	:* 44 U/L	M: <= 35 F: <= 31
SGPT	:* 52 U/L	M: <= 45 F: <= 34
Gamma GT	:* 75 U/L	M: <= 49 F: <= 32
LIPID PROFILE TEST		
Total Cholesterol	:* 217 mg/dl	<= 200
HDL - Cholesterol	: 43 mg/dl	M: > 35 F: > 45
LDL - Cholesterol	: 132 mg/dl	50 - 140
Triglycerida	:* 212 mg/dl	<= 204
Ratio Cholesterol (Total Chol : HDL)	:* 5.0	M: < 3.4 F: < 3.3
BLOOD SUGAR TEST		
Nuchter	:* 115 mg/dl	< 100
2 hours PP	:* 208 mg/dl	< 140
RENAL FUNCTION TEST		
Ureum	:* 16 mg/dl	17 - 43
Creatinine	:* 0.7 mg/dl	M: 0.8 - 1.3 F: 0.5 - 0.9
Uric Acid	: 5.1 mg/dl	M: 3.6 - 8.2 F: 2.3 - 6.1

SEROLOGI

TPHA : Non Reactive Non Reactive
 HBsAg : Negative Negative
 Anti HBs : Negative

URINE

Cannabinoid : Negative Negative
 Methamphetamine : Negative Negative
 Opiates : Negative Negative
 Cocain : Negative Negative
 Amphetamine : Negative Negative
 Benzodiazepine : Negative Negative

Date of Exam : 21 January 2021



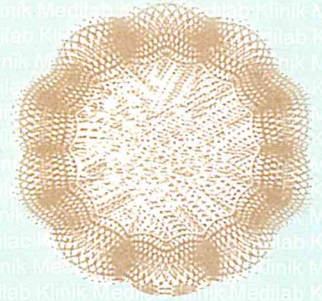
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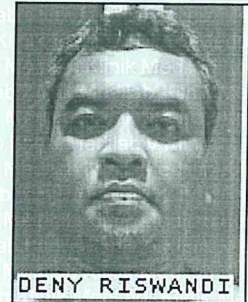
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LABORATORY REPORT

Test Name	Result Unit	Reference Range
OTHERS		
BUN	: * 7.5 mg/dl	8-22

Date of Exam : 21 January 2021



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