



REVIEW FORM MEDICAL CHECK UP


FILLED BY THE REQUESTOR

MCU Date

30/6/2021

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

Summary Examination

IDENTITY OF EMPLOYEE			
Name	AHMAD REJUSUS SFPD	Gender	MALE
Nationality	INDONESIA	Date Of Birth	10-08-1993
Name of Company	ISP	Vantage Number	
Job Title	NDT TECHNICIAN	Departemen	
Email address or Medical Certificate sent to : Monickmarions@cnpc.com.cn / monickmarions@bgp.co.id			
THE LIST BELOW FILLED BY THE REVIEWER (BP DOCTOR)			
HISTORY :			
Smoker/non smoker			
PHYSICAL EXAMINATION			
BMI : 25.97	UN/N/OV/OB	BP: 126/78	(N)Gr.I/Gr.II
PEMERIKSAAN SPESIFIK:			
Spirometri	Audiometri	Treadmill	
NA	NORMAL	NA	
LABORATORIUM RESULT			
HB : 13.6 gr/dl	SGOT/SGPT : 21/37 u/L	GDP : 79 mg/dl	(N/D)
Chol : 174 mg/dl	HDL : 42 mg/dl	LDL : 121 mg/dl	TG : 56 mg/dl LP:(N)M/Mod/S
Rontgen Thorax	NORMAL	ECG	Sinus Bradycardia R00.1
OTHER EXAMINATIONS			
SUMMARY :			
FIT TO WORK			
STATUS FITNESS			
<input checked="" type="checkbox"/> Fit	<input type="checkbox"/> Fit With Restriction	<input type="checkbox"/> Temporary Unfit	<input type="checkbox"/> 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	
<input type="checkbox"/> Work in Extreme Temperature	<input type="checkbox"/> Food Handler	(Pilots, Seafarer, Diver etc)	
<input type="checkbox"/> Professional Driver	<input type="checkbox"/> Shift worker	<input type="checkbox"/> Jakarta Office	
Attending Physician	 Komplek Taman Nings Suka Jati Blok J No. JA-o Batam Telp: 0778 - 7372022, 7372023 Fax: 0778 - 7372024 dr. Ebiat Yudi Yantoko Examining Physician		
Signature			
Review Date (dd/mm/yyyy)			
	30/6/2021		



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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

193

CONFIDENTIAL

No. Medical Record : 
00049/004/VI/ISP/21

PERSONAL DATA

Name : AHMAD ROISUS SYIFA
 Birthday/Gender/Emp. ID : 10 August 1993 / Male / ISP 20236
 Father's Name : MUSTOFA
 Address : PERUM AKASIA GARDEN BLOK K NO 11 PATAM LESTARI SEKUPANG, BATAM
 Occupation : NDT TECHNICIAN
 Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



AHMAD ROISUS

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	: 69 Kg			3. Cardiovascular System			
BMI	: 25.97			a. Blood Pressure		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				Systolic / Diastolic	: 126 / 78 mm Hg		
				Pulse	: 77 / 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 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 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 type="checkbox"/>	<input checked="" 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. Audiometry	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Spirometry	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. ECG (if indicated)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Chest X-Ray	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks: Overweight E66, Hernia Screening Test: No Abnormality, Lab: HDL E78.4 42 mg/dl BHR, Cholesterol Ratio E78 4.1 AR, 2 Hours PP: Pre-Diabetes R73.02 183 mg/dl, ECG: Sinus Bradycardia R00.1

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, Diet to Raise HDL Cholesterol, Low Sugar Diet

Authentic Signature



DR. EBIET YUDI SANTOKO

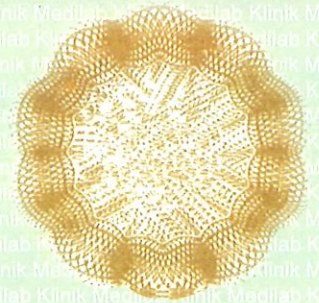
Date of Exam : 30 June 2021





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AHMAD ROISUS

LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range	
HGB	13.6	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5
WBC	5.5	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0
RBC	5.32	10 ⁶ /mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2
ESR	5	mm/hr	M: 0 - 10	F: 0 - 20
HCT	42.0	%	M: 40 - 52	F: 35 - 47
PLT	419	10 ³ /mm ³	150 - 440	
Differential Count				
- LYM	31.2	%	25	- 40
- MON	5.6	%	2	- 8
- GRA	63.2	%	43	- 76
Indicator of Infection				
- Neutrofil Lymphocyte Ratio (NLR)	2.02	%	> 3.13 Cautious	6 - 9 Suspicious > 9 Perilous
- Absolute Lymphocyte Count (ALC)	1716	%	< 1500 Cautious	< 1100 Suspicious < 500 Perilous

URINE FEME

Macroscopy	Result
- pH	6
- Specific Gravity	1.010
- Glucossa	Negative
- Protein	Negative
- Ketones	Negative
- 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.

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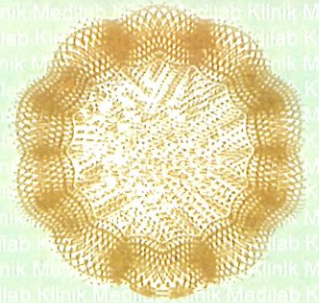


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AUDIOMETRY REPORT

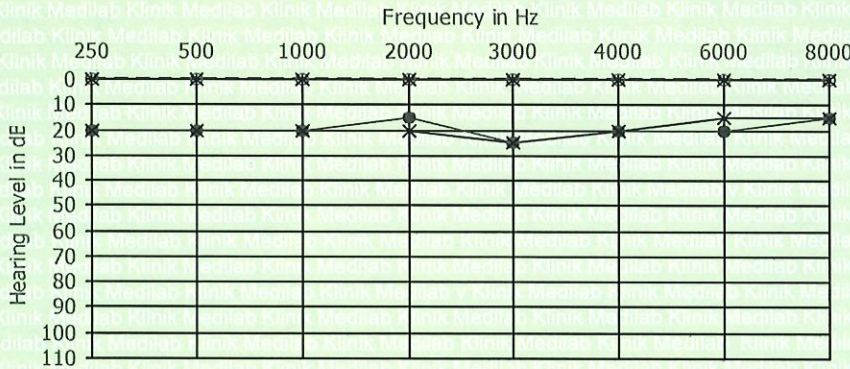
Occupational History

	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	3.0 years	

Medical History/Examination

	Yes	No
- Ear Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Head/Ear Injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Ears Infection	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Ear Drum Perforation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Ear Cerumen	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No	If Yes, which ear	Left	Right
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>



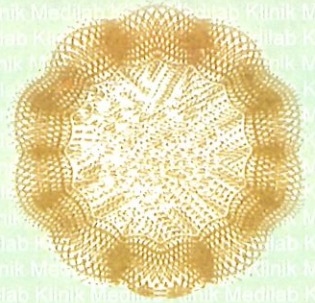
Conclusion :

- Audiogram : Normal
- Hearing Impairment : Monaural : R : -7.50 %
L : -5.63 %
Hearing Handicap : -7.188 %
- Not a Noise Induced Hearing Loss

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AHMAD ROISUS

LABORATORY REPORT

Test Name	Result Unit	Reference Range
LIVER FUNCTION TEST		
SGOT	21 U/L	M: <= 35 F: <= 31
SGPT	37 U/L	M: <= 45 F: <= 34
LIPID PROFILE TEST		
Total Cholesterol	174 mg/dl	<= 200
HDL - Cholesterol	42 mg/dl	M: > 35 F: > 45
LDL - Cholesterol	121 mg/dl	50 - 140
Triglycerida	56 mg/dl	<= 204
Ratio Cholesterol (Total Chol : HDL)	4.1	M: < 3.4 F: < 3.3
BLOOD SUGAR TEST		
Nuchter	79 mg/dl	< 100
2 hours PP	183 mg/dl	< 140
RENAL FUNCTION TEST		
Ureum	32 mg/dl	17 - 43
Creatinine	0.9 mg/dl	M: 0.8 - 1.3 F: 0.5 - 0.9
Uric Acid	5.6 mg/dl	M: 3.6 - 8.2 F: 2.3 - 6.1

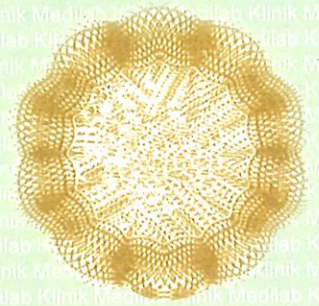
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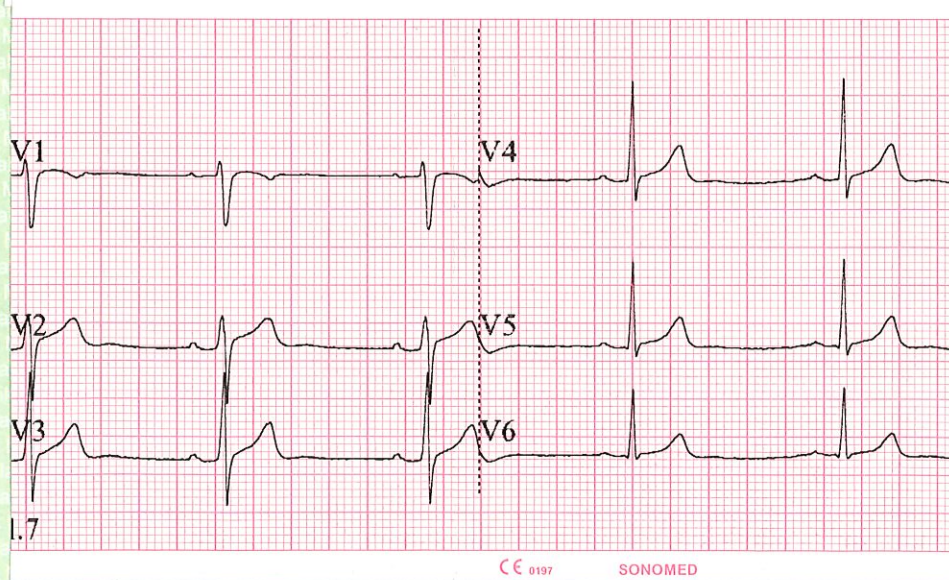
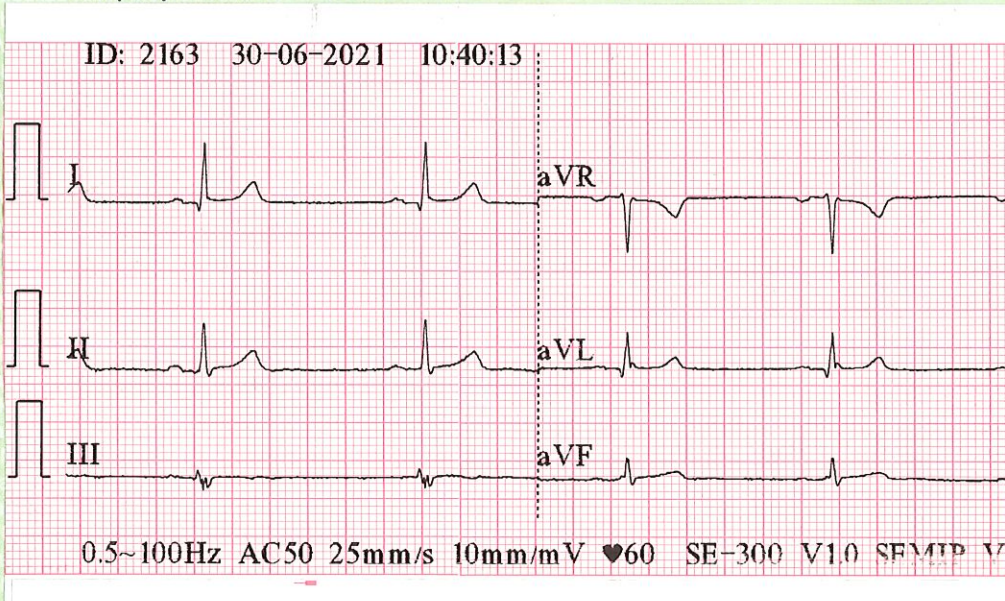


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ELECTROCARDIOGRAM INTERPRETATION (RESTING)

Name : AHMAD ROISUS SYIFA
Age : 27 Years
Gender : Male
Place/Date : BATAM/30 June 2021
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



CONCLUSION : Sinus Bradycardia R00.1

ADVICE :

EXAMINER :



dr. Tosyarna BR. Dalimunthe

007.1/007-363/SIP.TM/DP.MPTSP-BT.M/VIII/2020