

	<b>MEDICAL FITNESS CERTIFICATE</b>	Doc. n. FORM-COR-HR-HLT-040-E		
		Rev. 03	26/09/16	Page 1 of 1
		Ref. doc. OPR-COR-HR-HLT-001-E		

## 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

<b>Full name</b> (in block letters) STEVEN GERY TAMBUNAN	<b>Date of Birth</b> 21/02/1995	<b>Occupation</b> DOCUMENT CONTROLLER
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**This Health Certificate is valid until:** 12 JUL 2019

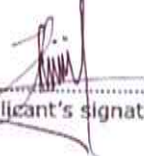
Fit
  offshore
 onshore

Fit with prescriptions and/or restrictions
  permanent
 temporary for months .....

Unfit
  permanent
 temporary for months .....

Specify prescriptions and/or restrictions .....

FIT TO WORK


  
 Applicant's signature in the Doctor's presence

Place: **TG. BALAI KARIMUN**      Day, Month, Year: **13 JUL 2018**

KLINIK

MEDILAB

Jl. R. H. Fisabilillah RT. 01/02 Desa Pangke  
 Tanjung Balai Karimun Telp: 077-7051499

  
 Doctor's stamp and signature  
**Dr. LISTELUNG**  
 Examining Physician

*Employer must provide the personal protective equipment specific to the activity*



# MEDICAL REPORT

Doc. n. FORM-COR-HR-HLT-039-E

Rev. 03

07/12/16

Page 1 of 3

Ref. doc. OPR-COR-HR-HLT-001-E

## 1. PERSONAL ANAMNESIS

Name in full STEVEN GERY RAMBUNAN Date of Birth 21/02/99 Sex  M  F

Occupation DOCUMENT CONTROLLER Badge No.  Blood Group  O  Rh

Please tick box  Yes No

- a) Are you at present under medical care or receiving treatment?  Yes  No

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?  Yes  No
- Have you ever suffered from:

a) Fits, fainting, giddiness or any mental or nervous disorder?  Yes  No

b) Asthma, bronchitis, pneumonia or any other lung disorder?  Yes  No

c) Rheumatism, rheumatic fever, arthritis or any other disorder of joints and muscle?  Yes  No

d) Chest pain, shortness of breath, palpitation, high blood pressure or other disorders of the heart or circulation?  Yes  No

e) Indigestion, peptic ulcer, diarrhoea, constipation or any intestinal complaint, hepatitis or other liver disorders, diabetes  Yes  No

f) Kidney, bladder or other genito-urinary disorders?  Yes  No

g) Any injury, operation, physical defect or deformity?  Yes  No

h) Any other illness not mentioned above?  Yes  No
- a) Have you ever been a patient at a hospital, nursing home or special clinic?  Yes  No

b) Have you ever had any medical investigation carried out?  Yes  No
- 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?  Yes  No
- Female only: Have you ever had any gynaecological or obstetric problems?  Yes  No
- Have you ever taken drugs other than prescribed by any doctor?  Yes  No
- a) Non-smoker: Have you smoked in the past?  Yes  No

b) Smokers: How much do you smoke per day?

c) What is the average daily consumption of alcohol?

**Details if "yes"**  
(including dates and duration and any other relevant information)

Cigarettes  Cigares  Pipes  Number smoked

## 2. FAMILY MEDICAL ANAMNESIS

	If living, age	State of health	If dead, age at death	Cause of death
Father	51	SEHAT		
Mother	42	SEHAT		
Brother / Sister	21	SEHAT		
Brother / Sister	16	SEHAT		
Brother / Sister	13	SEHAT		

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



**MEDICAL REPORT**

Doc. n. FORM-COR-HR-HLT-039-E

Rev. 03    07/12/2016    Page 2 of 3

Ref. doc. OPR-COR-HR-HLT-001-E

**3. SUMMARY OF MEDICAL HISTORY MR. /MRS. STEVEN GERY TAMBUNAN**

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		<input type="checkbox"/>	Yes	No
1. Ear infection / Sinusitis / Vertigo		<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 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 checked="" type="checkbox"/>	10. Fistula / Appendicitis / Varicocele	<input type="checkbox"/>		<input checked="" type="checkbox"/>
4. Frequent headaches / Fainting		<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 checked="" type="checkbox"/>	12. Skin disease	<input type="checkbox"/>		<input checked="" type="checkbox"/>
6. Hypertension		<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 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"	
<b>8. Measurement &amp; Physical Description</b>				Height: 173	cm
a) Measurements (to be taken in indoor clothing)				Weight: 92	Kg
b) Please describe general appearance and build:				BMI: 31	Kg/m <sup>2</sup>
c) Are there any signs of past or present over-indulgence in alcohol, tobacco, or irregular lifestyle?				Waist Circumference: 97	cm
d) Is there any enlargement of lymph nodes or thyroid gland?					
e) Are there any scars of material significance?					
<b>9. Cardio-vascular System &amp; Blood pressure</b>				Systolic / Diastolic: 130 / 77	Pulse Rate: 63x/mnt
a) Does the heart appear to be enlarged? If "yes", do you consider this to be slight, moderate or marked?					
b) Is there any irregularity of rhythm?					
c) Is there any abnormality in the arterial pulse?					
d) Are there any varicose veins?					
e) Blood Pressure: (please record opposite)					
<b>10. Respiratory System</b>					
a) Is there any abnormality in the shape and development of the chest?					
b) Are there any abnormal physical signs in the lungs?					
<b>11. Genito / Urinary &amp; Digestive System</b>					
a) Is the urine test abnormal?					
b) Is there any abnormal tenderness, enlargement or other palpable abnormality in abdomen?					
c) Is a hernia present					
d) Is there any dental problem such as caries, recurrent gum and mouth infections, abscess etc.?					
<b>12. Nervous System</b>					
a) Is there any sign of disease in the central nervous system?					
b) Is there anything to suggest a tendency to psychiatric disorder?					
<b>13. Sense Organs</b>					
a) Is there any affection of the eyes, ears, nose or tongue					
<b>Vision</b>		<b>Near Vision</b>		<b>Color Vision</b>	
Uncorrected	Far Vision	OD	OS	OD	OS
	OD <u>6/6</u> OS <u>6/6</u>	-	-	-	-
Corrected	OD - OS -	-	-	-	-
				Adequate	<input checked="" type="checkbox"/>
				Defective	

Remarks:





MEDICAL REPORT

Doc. n. FORM-COR-HR-HLT-039-E

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Ref. doc. OPR-COR-HR-HLT-001-E

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 Sinus Bradyarrhythmia
3. Audiogram Report Normal
4. Spirometry Report -

Table with 5 columns: Exam Name, Value, Exam Name, Value, Exam Name, Value. Includes Hemoglobin, RBC, ESR, WBC, Neutrophils, Lymphocytes, Monocytes, Eosinophils, Basophils, MCV, MCM, MCHC, Platelet, Reticulocyte, Hematocrit, Glycemia, Blood Urea, Total Cholesterol, HDL Cholesterol, LDL Cholesterol, Triglycerides, Total Bilirubine, Direct Bilirubin, Alkaline Phosphatase, AST (SGOT), ALT (SGPT), Gamma GT.

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: 1.020, Glucosaa: (-), 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 2) Benzodiazepine 3) Cocaine 4) Marijuana 5) Methamphetamine 6) Opiates 7) Alcohol

- 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: 7/12/2019

I have examined Mr./Mrs. STEVEN GERY TAMBUNAN and found him/her (tick the box)

FIT for (offshore/onshore) duty [checked] UNFIT for duty [ ] Pending [ ]

Dr. Lisye Marilyn Lukas

Examining Doctor's Signature (Stamp, Signature, Name and address of the Physician)

Date: 7/13/2018





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### HEALTH SCREENING REPORT

Preemployment Physical Examination

#### CONFIDENTIAL

No. Medical Record :   
00001/001/VII/ISP/18

#### PERSONAL DATA

Name : STEVEN GERY TAMBUNAN  
Age/Sex/Employee ID : 23 years / Male /  
Father's Name : SAKKAN TAMBUNAN  
Address : BENGKONG PALAPA SWADAYA BLOK D NO.8, BATAM  
Occupation : DOCUMENT CONTROL  
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA. PT  
Address of Employer / Recruitment Agency : KOMPLEK KAWASAN INDUSTRI SEKUPANG KAV. 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 : 92 Kg	Height : 173 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 31		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Systolic / Diastolic : 130 / 77 mm Hg		
		Pulse : 63 / min		
1. Vision	Yes/Abnormal	No/Normal		
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Heart Disease	<input type="checkbox"/>
( Should be at least 6/12 in both eyes with or without glasses )			c. Varicose Veins	<input type="checkbox"/>
b. Near Vision	<input type="checkbox"/>	<input type="checkbox"/>	4. Respiratory System	<input type="checkbox"/>
( Should be at least 12 in both eyes with or without glasses )			5. Skin-Chronic Disease	<input type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Abdomen	<input type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Endocrine disorders	<input type="checkbox"/>
( Unable to hear ordinary conversation at 2 m )			9. Mental State	<input type="checkbox"/>

#### 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. Audiometri	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Spirometri	<input type="checkbox"/>	<input checked="" 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: Obese E66, Waist Circumference: 97 cm, Lab: HDL E78.4 37 mg/dl BHR, Cholesterol Ratio E78 5 AR, ECG: Sinus Bradyarrhythmia

#### 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

Authentic Signature

Date of Exam : 13 July 2018  
Valid Until : 12 July 2019



DR. LISYE MARRILYN LUKAS





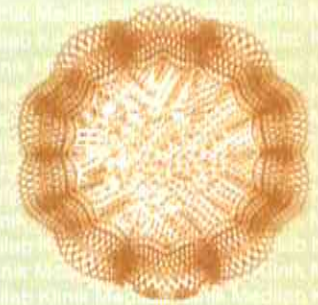
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# M•KLINIK MEDILAB

## PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA


JL. R. H. Fisabilillah RT: 003 RW:004 Desa Pangke Barat  
Kecamatan Meral Barat, Tanjung Balai Karimun 29664, Indonesia  
Hp : 0823 9107 6669  
Email: costumercare@karimun.medilab-clinic.com



### HEALTH SCREENING REPORT

Preemployment Physical Examination

#### CONFIDENTIAL

No. Medical Record :   
00001/001/VII/ISP/18

#### PERSONAL DATA

Name : STEVEN GERY TAMBUNAN  
Age/Sex/Employee ID : 23 years / Male /  
Father's Name : SAKKAN TAMBUNAN  
Address : BENGKONG PALAPA SWADAYA BLOK D NO.8, BATAM  
Occupation : DOCUMENT CONTROL  
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA. PT  
Address of Employer / Recruitment Agency : KOMPLEK KAWASAN INDUSTRI SEKUPANG KAV. 13, BATAM



### LABORATORY REPORT

#### BLOOD COUNT

Test Name	Result	Unit	Reference Range
HGB	15.3	gr/dl	11.0 - 16.5
WBC	9.0	10 <sup>3</sup> /mm <sup>3</sup>	3.5 - 10.0
RBC	5.23	10 <sup>6</sup> /mm <sup>3</sup>	3.8 - 5.8
ESR	5	mm/hr	0 - 20
HCT	49.2	%	35 - 50
PLT	219	10 <sup>3</sup> /mm <sup>3</sup>	150 - 390
MCV	94.4	µm <sup>3</sup>	80 - 97
MCH	29.2	pg	26.5 - 33.5
MCHC	32.5	gr/dl	31.5 - 35
Differential Count			
- LYM	30.1	%	17 - 48
- MON	5.6	%	4 - 10
- GRA	64.3	%	43 - 76

#### URINE FEME

Macroscopy	Result
- pH	5
- Specific Gravity	1.020
- Glucossa	Negative
- Protein	Negative
- Ketones	Negative
- Billirubin	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 : 13 July 2018



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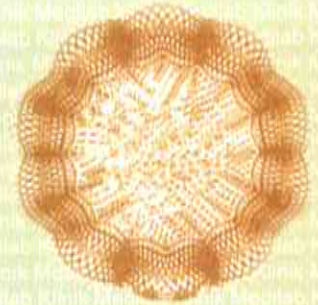
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## PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA


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Kecamatan Meral Barat, Tanjung Balai Karimun 29664, Indonesia  
Hp : 0823 9107 6669  
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### HEALTH SCREENING REPORT

Preemployment Physical Examination

#### CONFIDENTIAL

No. Medical Record :   
00001/001/VII/ISP/18

#### PERSONAL DATA

Name : STEVEN GERY TAMBUNAN  
 Birthday/Gender/Emp. ID : 21 February 1995 / Male /  
 Father's Name : SAKKAN TAMBUNAN  
 Address : BENGKONG PALAPA SWADAYA BLOK D NO.8, BATAM  
 Occupation : DOCUMENT CONTROL  
 Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT  
 Address of Employer / Recruitment Agency : KOMPLEK KAWASAN INDUSTRI SEKUPANG KAV. 13, BATAM



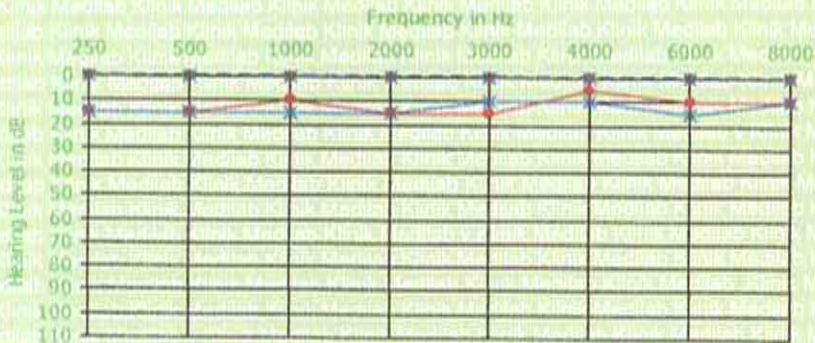
### AUDIOMETRY REPORT

#### Occupational History

- Noisy Working Environment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
- Present/use of Hearing Protector	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
- Period of Working	0.0 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 : -16.88 %  
L : -16.88 %  
Hearing Handicap : -16.875 %
- Not a Noise Induced Hearing Loss

Date of Exam : 13 July 2018



Valid Until : 12 July 2019

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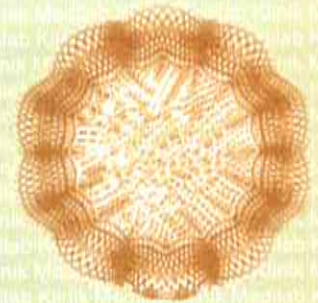
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## PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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### HEALTH SCREENING REPORT

Preemployment Physical Examination

#### CONFIDENTIAL

No. Medical Record: 

00001/001/VII/ISP/18

#### PERSONAL DATA

Name : STEVEN GERY TAMBUNAN  
Age/Sex/Employee ID : 23 years / Male /  
Father's Name : SAKKAN TAMBUNAN  
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Occupation : DOCUMENT CONTROL  
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA. PT  
Address of Employer / Recruitment Agency : KOMPLEK KAWASAN INDUSTRI SEKUPANG KAV. 13, BATAM



### LABORATORY REPORT

Test Name	Result Unit	Reference Range
<b>LIVER FUNCTION TEST</b>		
Total Billrubin	: 0.4 mg/dl	0.3 - 1.1
Direct Bilirubin	: 0.2 mg/dl	0.1 - 0.4
Indirect Bilirubin	: 0.2 mg/dl	0.2 - 0.7
Alkaline Phosphatase	: 90 U/L	30 - 120
SGOT	: 19 U/L	M: <= 35 F: <= 31
SGPT	: 37 U/L	M: <= 45 F: <= 34
Gamma GT	: 34 U/L	M: <= 49 F: <= 32
<b>LIPID PROFILE TEST</b>		
Total Cholesterol	: 184 mg/dl	<= 200
HDL - Cholesterol	: 37 mg/dl	M: > 35 F: > 45
LDL - Cholesterol	: 134 mg/dl	50 - 140
Triglycerida	: 63 mg/dl	<= 204
Ratio Cholesterol ( Total Chol : HDL )	: * 5	M: < 3.4 F: < 3.3
<b>BLOOD SUGAR TEST</b>		
Nuchter	: 89 mg/dl	< 100
<b>RENAL FUNCTION TEST</b>		
Ureum	: 21.1 mg/dl	17 - 43
<b>SEROLOGI</b>		
TPHA	: Non Reactive	Non Reactive
<b>URINE</b>		
Cannabinoid	: Negative	Negative
Methamphetamine	: Negative	Negative
Opiates	: Negative	Negative
Cocain	: Negative	Negative
Benzodiazepine	: Negative	Negative
<b>OTHERS</b>		
BUN	: 10 mg/dL	3.4-21

Date of Exam : 13 July 2018



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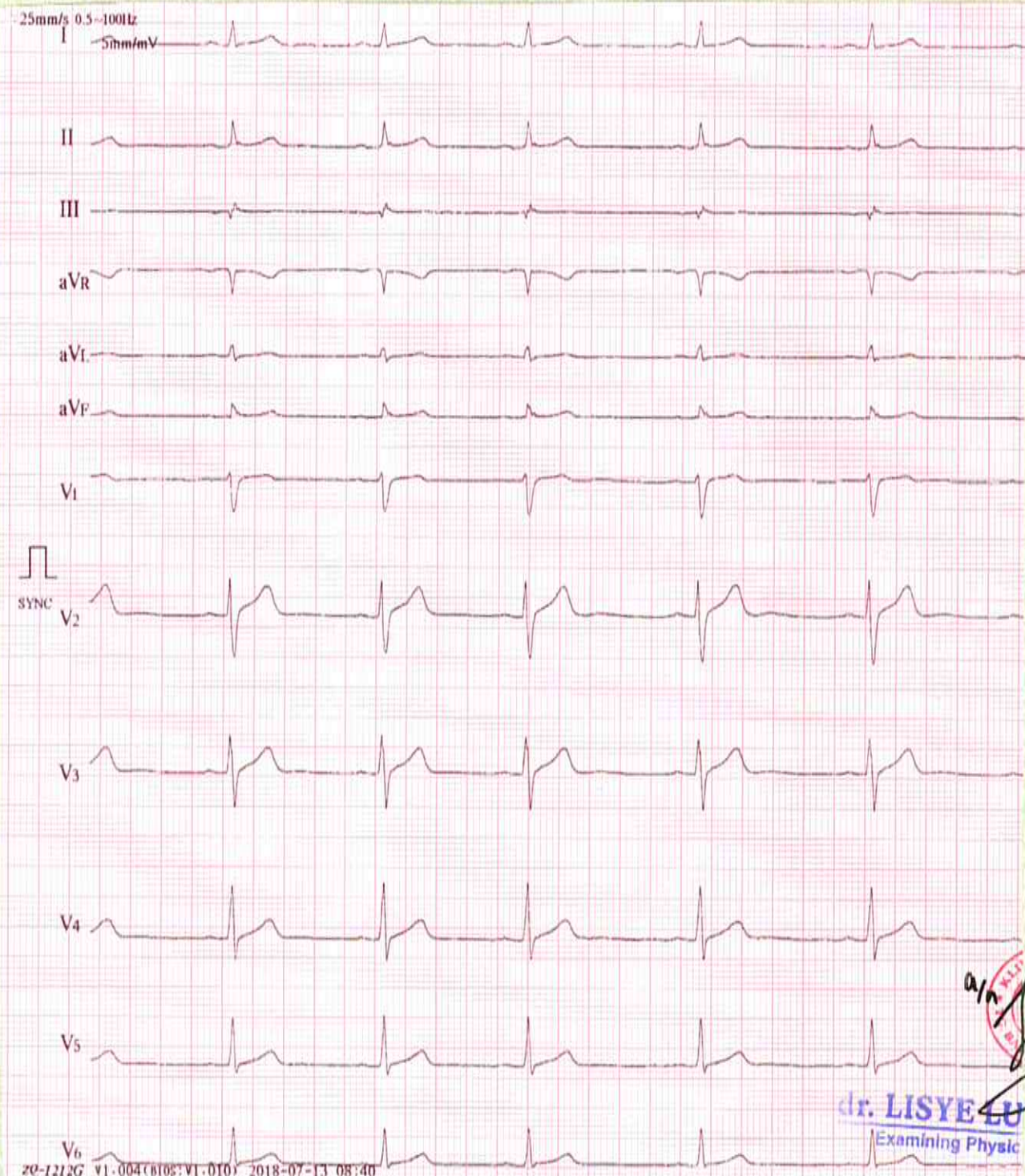
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Hp : 0823 9107 6669  
Email: costumercare@karimun.medilab-clinic.com



**Electrocardiogram Interpretation**

Name : Steven Gery Tambunan  
Age : 23 Years  
Sex : Male  
Place/Date : Tg. Balai Karimun, July 13<sup>th</sup> 2018  
Company : INSPEKTINDO SINERGI PERSADA. PT



Sinus  
Bradycardia

dr. LISYE LU  
Examining Physic